



DHHS
MONTGOMERY COUNTY

COMMUNITY REVIEW OF THE MONTGOMERY COUNTY COALITION FOR THE HOMELESS HOME BUILDERS CARE ASSESSMENT CENTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

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This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1,600+ professionals, provides more than 130 programs and delivers services at more than 20 locations, with many more school-based health and wellness centers, in addition to 700 contracts for services with community providers located throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Services to End and Prevent Homelessness (SEPH), The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) operated under the Office of the Director, to ensure efficient, effective and a high-quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

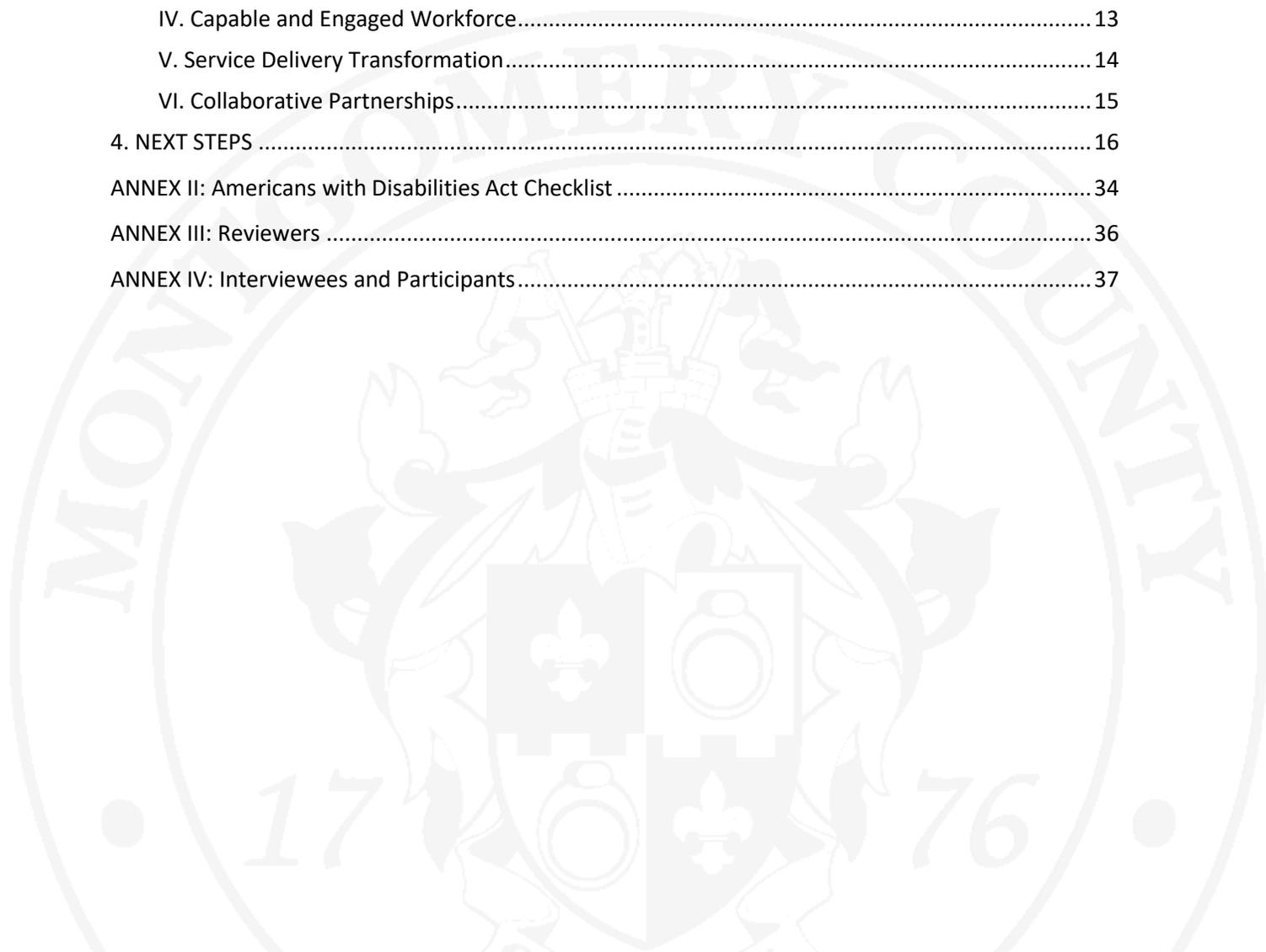
This review is not a performance or financial audit, nor is it a program evaluation or in-depth assessment of a client case management like the Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community experience. The independent panel for this review consisted of Robert Eaton, Vera Johnson and Nancy Scull.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the guidance of Matthew Nice, DHHS Planning, Accountability and Customer Service. Graphic design and covers were provided by Sean Clark, Office of Public Information, Montgomery County, Maryland.



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EXPLANATORY NOTES

This report relies upon the following acronyms listed below.

ADL	Activities of Daily Living
ADS	Aging and Disability Services
ADA	Americans with Disabilities Act
AHAR	Annual Homeless Assessment Report
BHCS	Behavioral Health and Crisis Services
CCL	Center for Continuous Learning
CEU	Continuing Education Units
CH	Coalition Homes
CRAT	Community Review Assessment Tool
DHHS	Department of Health and Human Services
DOT	Montgomery County Department of Transportation
eHR	electronic Health Records system
Eicm	enterprise Integrated Case Management System
FY	Fiscal Year
HBCAC	Home Builders Care Assessment Center
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
IT	Information Technology
ITM	Intensive Team Meeting
LOS	Length of stay
MCCH	Montgomery County Coalition for the Homeless
MCCoC	Montgomery County Continuum of Care
OCA	Office of Community Affairs
OESS	Office of Eligibility and Support Services
PACS	Planning, Accountability and Customer Service
PHS	Public Health Services
PSH	Permanent Supportive Housing
QSR	Quality Service Review
SEPH	Services to End and Prevent Homelessness
VI-SPDAT	Vulnerability Index-Service Prioritization Decision Assistance Tool

EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the County, is responsible for public health and social services that build resiliency among the community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999, the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs.

The lack of affordable housing is the leading cause of homelessness in Montgomery County. The Montgomery County Coalition for the Homeless (MCCH) opened the Home Builders Care Assessment Center (HBCAC) in 2000 as the County's 24/7 emergency shelter for adult men. The shelter has the capacity to serve sixty-five men in the summer and can accommodate up to 236 men through the opening of its Overflow Shelter during the winter season. The shelter offers clients a variety of supportive and clinical services that move clients toward living independently in the community.

The Community Review of HBCAC focused on its contract with the DHHS and began 9 November, with field work conducted from 13-15 November in Fiscal Year (FY) 2018. The review was conducted by Robert Eaton, Vera Johnson and Nancy Scull. While a student review of the HBCAC occurred in FY2015, a second review was warranted given a new service model at HBCAC using new strategies and protocols, and adopted by the Montgomery County Continuum of Care (MCCoC) homeless adult shelter system of the standardized Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) as their assessment tool for prioritizing housing placement.

HBCAC exceeded Reviewer's expectations in many areas and these findings may be of value to similar shelter programs operating in the community:

1. HBCAC has clear goals, objectives and strategies to accomplish its mission and staff are knowledgeable and able to identify whether outcomes have or have not been achieved. The program produces performance reports every other month on specific outcomes for achieving goals, objectives and strategies which are monitored by the Board of Directors.
2. Staff demonstrate compassion, respect and professionalism toward their clients and were committed to the success of HBCAC's new client-directed and enhanced supportive services model, which supports the new 30-60-90-day move-out plans. Two new positions, the housing locator and employment specialist, were added to improve outcomes for clients by quickly identifying and locating affordable housing, connecting clients with jobs and improving job search skills for new employment.
3. Quarterly policy reviews ensure a mechanism for continuous examination of existing, or the need for new, policy. The steps of this procedure are detailed and incorporate involvement by program directors and expanded team members, including the MCCH Chief Programs Officer. Policy changes are distributed to all program managers and impacted staff are scheduled for training in those policies.
4. Timeliness of services is a key strategy to resolve his homelessness as quickly as possible. Clients receiving case management services are initially assessed using a number of instruments, including the Intake Assessment and the VI-SPDAT. Staff meet with new clients within three days of intake to assess needs and affordable housing placement programs, and the information is quickly used to develop the service plan. Case managers meet weekly with each client to monitor the progress in achieving service plan goals and later, when appropriate, to a 30-60-90-day Move-out Plan. This intensive attention to the success of service plans and move-out plans has

demonstrated a reduction in the length of stay (LOS) of clients, which has dropped from 220 days to 120 days since implementing the move-out plan.

5. There is a strong emphasis on training and maintaining best practices in the program and on-site training for staff is provided by the organization. Evidence-informed practice and training, such as motivational interviewing, harm reduction, Rapid Re-Housing and Housing First, have been implemented in the program. Staff are aware of and have access to the DHHS Center for Continuous Learning (CCL); MCCH hosts an annual Home Conference that offers continuing education units (CEU) to its staff and other qualified attendees; MCCH pays for eligible staff to attend outside training opportunities; and the operations manager is a certified Mandt System trainer and trains staff to decrease workplace shelter violence.
6. Performance reporting from the Homeless Management Information System (HMIS), provides among other metrics, the client length of stay (LOS), the number of people who move to more stable housing, and the housing stability rate. The latter indicates how many clients have moved into permanent supportive housing (PSH) either remain in that housing or move on to other housing options, as opposed to returning to shelter; this rate is currently at ~95%.
7. Clients have clear rights and processes for filing grievances. The grievance procedure is given to each resident as part of the intake assessment and posted in several areas throughout the shelters. The Client Bill of Rights is posted in the dormitory. Clients submit their grievances in a box located in the common room, and responses to client grievances appear timely.
8. HBCAC provides opportunities for volunteers, interns and/or students. HBCAC has over 1,000 volunteers who provide extensive, in-kind services to the program. Their website informs the community how their support contributes to the success of their shelter and housing program clients. This support includes financial contributions; providing donated items needed by the residents at the shelters, Safe Havens and MCCH PSH units; move-out kit and donating meals.
9. HBCAC demonstrates a strong team approach in assisting clients in meeting their needs and returning to an appropriate housing situation. Staff actively support integrated approaches, such as the Intensive Team Meetings (ITM), especially when complex or challenging situations occur. This model is a best practice by DHHS.
10. HBCAC is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges. MCCH maintains 55 partnerships that include federal, state and local government, and demonstrates their commitment through regular communication and meetings with partners.

The review panel also identified opportunities for improvement with the following observations and recommendations:

1. A few recommendations from the previous student review should be addressed. These included needed improvements to HBCAC accessibility including its materials for non-English speakers; greater outreach to immigrants; more bilingual staff; development of strategies for working with the growing youth population and expanding support services during the winter season.
2. A small number of operations staff use the TTY machine and staff were not aware of MD Relay and Video Relay, how to access sign language in-person interpreter services or how to obtain documents in large print and/ or Braille. Business cards should contain the TTY contact number. The Montgomery County ADA Title II compliance manager recommends that shelters install a video relay phone (via software on the computer) and consider video remote interpreting (same technology but is used in place of an on-site interpreter).

3. To address issues related to non-English speaking clients, reviewers also recommend increased collaboration with community partners to better engage with immigrant populations. This includes options such as in-person interpreters, written literature, brochures, community resource information, etc. to communicate with non-English speaking clients that may increase their success with this population.
4. Data collection and reporting could be improved. The HBCAC Intake Assessment form and similar HMIS fields were not aligned, specifically regarding the questions related to how clients enter shelter and how recidivism are tracked. It is recommended that HBCAC compare its forms with Federal Housing and Urban Development (HUD) and HMIS measures and update, as appropriate. HBCAC may also wish to explore other reporting tools with outcome measures proven to assess the long-term success of its programs and strategies. Reporting of shelter performance to DHHS every six months should occur consistently.
5. The level of current program staffing and resources result in limited case management services to HBCAC clients, specifically those in the Overflow Shelter. There remains a need for bilingual capacity to cover diversion, follow-up case management and reduce client to case worker ratio. Better engagement of immigrant clients and capacity building with other community partners was also identified. Reviewers recommend HBCAC continue to pursue additional resources to expand services, such as new funding streams or the use of graduate student interns to assist with case management. HBCAC should ensure that all types of volunteer service are documented toward in-kind services, which may result in the potential for more grant awards.
6. Several residents expressed concern about weight gain which they attributed to meals provided at the HBCAC. Reviewers recommend identifying options for physical and mental health activities, possibly providing space for online video work-outs. This may have the added benefit of reducing tension in the building especially during the winter season when the shelter is more populated.
7. Reviewers recommend identifying strategies that encourage residents to re-consider case management services. For example, to motivate others to sign up for services, staff could use visual-aids or shared stories of housing success by former clients.
8. The HBCAC Suggestion Box should be in a more visible location for all clients to see with larger signage.
9. There are plans for DHHS to develop an enterprise Integrated Case Management (eICM) portal allowing provider partners such as HBCAC to access service data. To prepare for the eventual implementation of the portal, HMIS will need to include eICM connectivity, and with that clients will need to be appropriately informed that their personal identifying data may be shared in another system. This is a joint issue for DHHS and MCCH to resolve at a future date.

1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from a community member perspective. Trained panels independently assess how the programs are serving clients, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on:

- Alignment with Mission and Guiding Principles of the Department;
- Effective and Equitable Service Delivery;
- Accountability;
- Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The programs are also reviewed for ADA compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.¹

Selected Review

The Home Builders Care Assessment Center (HBCAC) was selected for a Community Review by the Chief of Services to End and Prevent Homelessness (SEPH) and added to the FY18 PACS work plan. HBCAC was previously reviewed in FY2015, however, the implementation of a new service model, strategies, protocols, and tools warranted another review.

Montgomery County Coalition for the Homeless (MCCH) has evolved to become a non-profit, grant funded and donor supported organization, since its inception as a membership organization in 1979. In 1990, MCCH opened the County's first emergency shelter for men, which today has evolved into HBCAC.

MCCH operates Safe Havens for men, women and veterans with chronic mental illness, and 10 permanent supportive housing programs serving more than 450 households, in addition to HBCAC, the County's only 24/7 men's shelter program.

MCCH opened HBCAC in the year 2000 after building the new facility with support from the County and the Homebuilders Care Foundation. HBCAC is an integral part of the Montgomery County Continuum of Care. The shelter has a summer capacity for sixty-five men from 1 April through 31 October. The HBCAC operates an additional Overflow Shelter, which together accommodates up to 236 adult men during the winter season (1 November - 31 March).



Figure 1. Reviewer Bob Eaton learns about HBCAC from the HBCAC staff members

Independent Review Panelists and Process

The Community Review is a structured process of program self-assessment, followed by a

¹

[www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20\(4\)%202016_2018.pdf](http://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf)

desk and subsequent field reviews performed by three knowledgeable, trained independent reviewers from the local community. The Community Review of HBCAC was performed by reviewers Robert Eaton, Vera Johnson and Nancy Scull (Annex III).



Figure 2. Community Review panel members performing a desk review of HBCAC provided documents

The Community Review preparation and introductory meeting commenced on 9 November 2017. The following persons were in attendance: Susie Sinclair-Smith (Executive Director), Cliff Mayo (Compliance Manager), Jennifer Schiller (Chief Programs Officer), Raymond Scopin (Program Director,) Ace Thompson (Operations Manager), Francesca Noel (Program Manager for Support Services), Richa Bhatia (Program Assistant) and Tanya Jones (DHHS Contract Monitor) as well as the review panel and PACS staff.

2. WHAT WAS REVIEWED

Reviewers met at the HBCAC campus in Rockville, MD from 13-15 November to review programs and services information and documentation from the self-assessment. Reviewers toured both the main facility and Overflow Shelter.

Reviewers interviewed numerous staff, clients and volunteers including: front office staff, a housing locator, the employment specialist, a volunteer in the vocational lab, two on-site

mental health services providers, two meal donors from a local church, four current clients, and two former clients now housed. The Board of Directors Chair, the Executive Director of MCCH, the Director of Development and Communications, the Director of Human Resources and Operations, and the Chief Financial Officer were also interviewed for this review (Annex IV).

Reviewers examined the MCCH website and social media content and reviewed informally the compliance with the ADA Checklist (Annex II).



Figure 3. Reviewers touring HBCAC with staff

Organizational Overview

MCCH organizational structure starts with the Board of Directors with thirteen members on the board. The executive director is the head of MCCH and supervises the office manager/executive assistant. The following are the four primary department positions overseen by the MCCH executive director:

- Chief Financial Officer who oversees the Director of Human Resources and Operations
- Director of Development and Communications
- Director of MCCH's affiliate, Coalition Homes
- The Chief Programs Officer who leads HBCAC, Safe Havens and ten affordable housing programs.

This review focuses on the HBCAC, which includes the Overflow Shelter. The structure of HBCAC and staff areas of responsibilities include:

- The HBCAC Program Director manages the overall shelter programs and services with the assistance from:
 - Program Manager for Support Services, Clinical Coordinator, 2 Case Managers, Housing Locator and Employment Specialist;
 - Operations Manager manages the Program Assistant, 5 Case Aide Supervisors, 10 Case Aides and 3 Relief Case Aides

By organizing core programs under the Chief Programs Officer, MCCH has the capacity to observe the transformation of many of the HBCAC clients from homelessness to being stably housed in Montgomery County and advance their mission that homelessness is rare, brief and nonrecurring.



Figure 4. Ace Thompson, HBCAC Operations Manager

Organizational Mission and Plan

The mission of Home Builders Care Assessment Center (HBCAC) and its parent organization, MCCH, is to provide solutions in Montgomery County to ensure that homelessness is a rare, brief and nonrecurring experience. Its vision is

to end homelessness in Montgomery County by building a community where everyone has a safe, stable and affordable place to call home.

MCCH oversees its affiliate Coalition Homes (CH), incorporated in 2005 to address the lack of affordable housing in Montgomery County. CH is the only nonprofit developer of permanent supportive housing (PSH) projects for formerly homeless households in Montgomery County, with 122 units used by the ten MCCH programs as well as the Core Services Agency. Tenants include single adults and families.



Figure 5. HBCAC Staff Members at the opening meeting during the review

The adopted strategic plan incorporated their mission and vision statements from 2015 to 2019:

- Providing emergency shelter with supportive services to meet the urgent needs of people experiencing homelessness to return them to stable housing quickly
- Connecting people who are exiting homelessness to stable, permanent housing with services and supports needed to maintain their housing
- Increasing the supply of affordable housing to provide stable permanent homes for those exiting homelessness
- Advocating for the creation of a comprehensive rapid response system for all Montgomery County service providers who will ensure the

experience of homelessness is rare, brief and nonrecurring

- Operating a professional, compassionate and respectful organization with the resources, people and infrastructure to deliver on its mission to end homelessness



Figure 6. MCCH awareness raising materials

The framework of this strategic plan identified five values:

- **Compassion:** We function with compassion that is ever mindful of the needs of others.
- **Respect:** We value a respectful culture that upholds integrity and open communication, and ensures that everyone is treated fairly and with dignity.
- **Collaboration:** We operate collaboratively, foster the exchange of ideas and honor partnerships within our organization and community.
- **Professionalism:** We are professionals who embody best practices in all facets of our work to maintain the highest level of excellence.
- **Leadership:** We are authentic and forward-thinking leaders who create an environment that encourages growth and success through positive change.

The goals of MCCH and CH align with the goals described in the federal, state and county plans to prevent and end homelessness.

MCCH has adopted the goals indicated in the Montgomery County Continuum of Care 10-Year Plan to End Homelessness as their own goals:

- Prevent and end homelessness among Veterans in Montgomery County by 2015.
- End chronic homelessness in the County by 2016.
- Prevent and end homelessness for families, youth and children in Montgomery County by 2020.
- Set a path to ending all types of homelessness in Montgomery County by 2020.



Figure 7. MCCH's Chief Programs Officer, Jennifer Schiller, and Compliance Officer, Cliff Mayo, discuss shelter services

Program Services

HBCAC operates as an emergency shelter on a 24/7 basis for adult men. In the summer season, the HBCAC has a capacity of 60 men. An additional five beds are dedicated for special placements during both summer and winter seasons. Three beds are assigned to clients referred by Health Care for the Homeless and two beds for Adult Protective Services (APS). During winter, the Overflow Shelter opens providing an additional capacity for 116 men.

Services provided to the clients include a bed with storage locker, three meals daily,

bathroom and shower facilities, and laundry. On-site primary care, mental health and dental services are also available. Social supports include case management and housing location services, employment support services, computer training and life skills to support the resident toward living independently in the community.



Figure 8. HBCAC Shelter in Rockville, MD

Access

Men seeking emergency shelter placement are referred by the DHHS Crisis Center where they are screened and, if a vacancy exists, are referred to HBCAC. Vacancies are filled on a first come, first served basis. During the winter season, access to shelter services are available to all who need it on a walk-in basis. Intensive case management services are provided. If an individual declines case management, they can receive basic shelter services. HBCAC will continue to motivate clients who are unwilling to engage in case management.

The Overflow Shelter is located about two miles from the HBCAC site and is available as a night-only shelter. Each night men assigned to the Overflow Shelter are transported by Ride-On bus at 5:00 PM from the HBCAC location and returned to the HBCAC at 7:00 AM the following morning. Snacks and water are provided at the overflow while breakfast and dinner are provided at the main shelter.

Clients of the Overflow Shelter are required to leave during the day hours. If they are not employed or in educational programs, clients

can obtain day and outreach services at EveryMind, People Encouraging People Day Center, Bethesda Cares, Shepherd's Table, Interfaith Works Empowerment Center, City of Gaithersburg and Hope Restored.



Figure 9. Overflow Shelter sleeping arrangements

Service Population

The target population for HBCAC are adult males 18 years or older experiencing homelessness in Montgomery County. Non-Montgomery County residents receive 30 days of services during the winter season.

The shelter served 710 individuals in FY2017. Fifty-seven (57%) of clients were African/American/ Black, with 69% of men between the ages of 25 and 54.

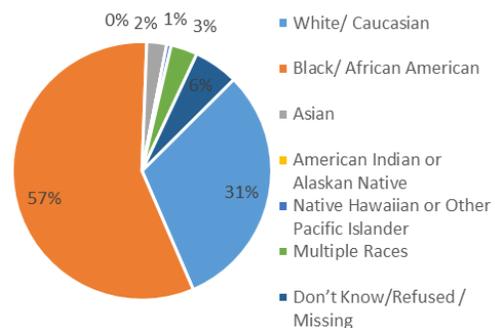


Figure 10. HBCAC Men Served in FY17 by Race

All clients must be able to independently perform activities of daily living (ADL). The exception are clients assigned to the five special placements services beds. On occasion

these clients may be provided with nursing care services or health aides.

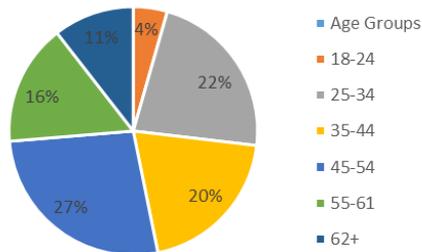


Figure 11. HBCAC Men Served in FY17 by Age

Among the data collected, the program has three objectives tracked for their County Council Annual report: 1) Clients will enroll in case management, with a target of 43%; 2) Clients in case management will also receive psychiatric services with a target of 29%; 3) clients enrolled in case management will move to permanent housing with a target of 50%.

Location and Coverage

The HBCAC is centrally located at 600-A East Gude Dr., Rockville, MD and is accessible by public transportation. The HBCAC is staffed 24/7. The winter Overflow Shelter is located about two miles from the HBCAC in Derwood, MD.

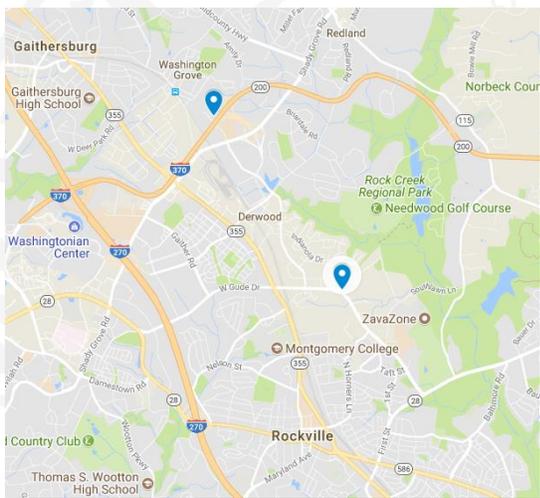


Figure 12. The location of HBCAC and Overflow Shelter

Budget

MCCH is a tax-exempt, nonprofit, donor-supported organization. Programs and services are supported by revenue from local, county, state and federal governments, individuals, corporations, and foundations. The FY2018 operating budget for HBCAC is \$1,716,713. Of this 76% were from DHHS contracts (\$1,296,093) with \$948,292 for the main shelter and \$347,801 for the Overflow Shelter.

Grants were also awarded to HBCAC including: \$116,260 in Community Grants by the Montgomery County Council; two from DHHS specifically for a shelter staff position at \$11,500 and a Community Development Block Grant of \$19,380; the cities of Rockville (\$52,000) and Gaithersburg (\$16,000); and from the Maryland Emergency Food Program (\$3,000). In-kind contributions, donations and volunteer service activities (e.g., meal donations, facility cleaning) amounted to \$202,479.



Figure 13. Entrance to the HBCAC in Rockville

3. RESULTS

The Program Self-Assessment and subsequent findings by the review panel are guided by the Community Review Assessment Tool (CRAT) and a checklist of Americans with Disabilities Act (ADA), provided in Annex I and II, respectively.

Results are organized by findings which exceed expectations, and which might be

transferrable to other programs. Findings that warrant attention and recommendations are also listed. Recommendations may cover more than one section or tool may be merged into a single recommendation, where appropriate.

Additionally, recommendations may stem from reviewer's notes and/ or observations and may not be directly reflected in the instruments. Panel recommendations are listed in order in the short-term (within 60 days), mid-term (within a year) and long term (over a year).



Figure 14. MCCH Executive Director Susanne Sinclair Smith and Board Chair Richard Pettit at a meeting during the review

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery County to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- HBCAC is clear and specific regarding its goals, objectives and strategies to accomplish its mission. With the implementation of evidence-informed practices, adopting new policies for case management notes and standardized case records entries including the 30-60-90-day plans, HBCAC has seen substantial changes in providing a quality program where clients are obtaining appropriate housing.
- HBCAC staff are knowledgeable about the goals, strategies and progress towards

outcomes. The program produces regular reports on specific measures for achieving goals, objectives and strategies are shared with staff and HBCAC's funders.

- Staff are committed to the success of HBCAC's new service model and enhanced supportive services (client-directed service/move-out plans in the new 30-60-90-day timeframes) and this is demonstrated with the housing locator and employment specialist services. They have a strong commitment to the values of HBCAC, showing compassion, respect, and professionalism toward their clients. Staff take pride in their work in client engagement.



Figure 15. Reviewers Vera Johnson (background) and Nancy Scull (foreground) take notes during the review

Findings Needing Attention and Recommendations

Short Term

- Some prior review recommendations related to communications and outreach may warrant further attention: on-site written materials for non-English speakers and more outreach to them, especially to the immigrant homeless population. Hire more bilingual staff; develop strategies for addressing the needs of the growing youth homeless population; address staff to client ratio; and more frequent promotion of HBCAC's case management services to clients, especially in the winter season.

- The employment specialist should collaborate with key staff at WorkSource Montgomery to develop a process for HBCAC clients to gain access to its services and enrollment in WorkSource Montgomery's job skills training programs.
- HBCAC staff should work with Maryland Department of Rehabilitation Services staff on-site at WorkSource Montgomery to facilitate successful client referrals.
- Examine the cost-benefit of adding a standard-sized car (new, used or donated) to transport clients to appointments instead of the large cargo van.



Figure 16. A HBCAC resident discusses his experience with HBCAC services with Reviewers

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- The Quarterly Policy Review procedures encompass an ongoing update process and regular scheduled review. From policy conception to implementation all management staff is involved and provide input. Once the new policy is approved, training can be planned for all staff. This process ensures continuous program improvements throughout the fiscal year.
- Clients are screened for service needs and referrals by the intake assessment staff, the housing locator, employment

specialist and clinical case manager who with the client develops the service plan. Progress in obtaining identified services are tracked weekly by the case manager. HBCAC adopted the HMIS Case Notes Standards as a policy requirement. Case managers adhere to the Checklist for Housing Case Managers to ensure quality data is entered in the case record and HMIS.



Figure 17. Reviewers discuss HBCAC with DHHS Contract Monitor Tanya Jones

- HBCAC has multiple access to and uses training resources for staff. MCCH has ongoing training provided by *t3: The Center for Social Innovation* and *OrgCode* to spearhead HBCAC's new service delivery model. Both agencies also provide training to the wider Montgomery County community at MCCH's annual Home Conference. Staff can access trainings offered by local providers including the DHHS Center for Continuous Learning (CCL), especially for staff to maintain appropriate licensure and certifications. If needed, MCCH has some resources for staff to attend other training workshops.
- Collection of service delivery feedback occurs via monthly customer satisfaction surveys by clients and staff. Monthly feedback by staff also serves to track program services and worker satisfaction in the workplace. Utilizing an online survey tool makes it easier to tabulate results and track trends over time.

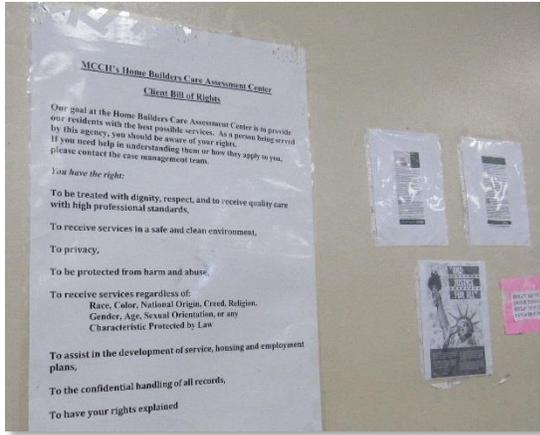


Figure 18. Client Bill of Rights posted in the dormitory

Findings Transferable to Other DHHS Programs

- The Quality Policy Review procedure has a dual purpose in tracking an ongoing update process as well as a quarterly review system. The steps of this procedure are detailed and incorporate involvement by MCCH management and HBCAC leadership staff to ensure an ongoing procedure for continuous program, operations and policy improvements throughout the year.



Figure 19. Clinical Coordinator, Crystal Pitt, with Compliance Officer, Cliff Mayo, discuss shelter operations with reviewers

- Ensuring that clients have transportation for all needed services may contribute to clients achieving service goals more quickly. By providing bus tokens, vouchers for cab rides and even use of the program's van, especially for move-out plan housing achievements, supports client

engagement with services and continual cooperation.

- As part of HBCAC's service model transformation, the creation of the *Checklist for Housing Case Managers* ensures data quality elements to meet the mandates for the 30-60-90-day Move-out plan for clients in case management. The *HMIS Case Note Standard* as a policy and program requirement ensures that progress toward plan achievement and quality data are entered in HMIS to support the program's mission and vision.
- The implementation of monthly client and staff customer satisfaction surveys in FY2018, utilizing an online survey tool (Survey Monkey) is another transferable finding. Most service programs survey clients only once during an incident of service engagement. Conducting monthly satisfaction surveys of clients and staff provides HBCAC the opportunity to adjust program services and policies throughout the year not just on an annual basis.



Figure 20. Curbside access was in disrepair making access to shelter services challenging for some clients

Findings Needing Attention and Recommendations

Mid-Term

- One of the sidewalks dips before the curb area where persons using canes, walkers or fully mobile individuals could trip and fall. The Director for Human Resources

and Operations should submit a request to the County's Department of Transportation (DOT) to have all affected areas inspected and repaired. (See section 4. Results).

- The program does have a TTY machine in the front office of the shelter and staff know how to operate this system. However, TTY information is not indicated on directors and program managers' business cards. The TTY number should be posted in supervisors' and case managers' offices, the day room, employment/vocational Lab and on the bulletin boards in the front lobby areas.
- The support staff and case managers were unaware of sign language interpretation services to schedule an in-person sign language interpretation or how to access Maryland Relay or Maryland Video Relay services to communicate with hearing-impaired clients. Further exploration about the use of TTY vs MD Relay and Video Relay resulted in a recommendation by the ADA Title II Compliance Manager at the County's Department of General Services (DGS) that shelter install a video relay phone (via software on the computer) and consider video remote interpreting technology. The HBCAC program manager or other MCCH designated staff can contact DGS at 240-777-5362 to discuss needs, options and costs.

III. Accountability

The goal is maintenance of reliable, accurate records and data for analysis, so program effectiveness can be quantified through performance measures.



Figure 21. HBCAC facility tour

Findings Exceeding Expectations

- There is a strong emphasis on training and implementing evidence-informed best practices. MCCH holds trainings for staff regularly, including the annual Home Conference. According to the employee handbook, MCCH can pay for trainings needed for their staff members, even if outside the agency. Staff members also attend trainings through the DHHS Center for Continuous Learning, since this agency is a contractor with DHHS. At least one staff person in the Operations unit is a certified trainer for the Mandt System and trains all staff needing this skillset. This system uses a variety of strategies to decrease workplace violence, and interviews with staff members and residents, reported good success at de-escalating potentially disruptive incidents.
- HBCAC is working with *OrgCode* to revise their procedures and forms to follow best practices. *OrgCode* developed the VI-SPDAT assessment tool, used by CoC providers of homeless services to prioritize the most appropriate housing options for homeless residents.



Figure 22. HBCAC facility tour, dormitory area

- Program closely monitors outputs and outcomes. Its several funders each require yearly reports on outcome measurement progress. Through their agreements with Cities of Rockville and Gaithersburg, HBCAC reports on targets for the number of move-outs that are tracked quarterly and annually, in support of reducing homelessness in those jurisdictions. In addition, HBCAC uses the HMIS, a HUD required tracking database shared among all homeless assistance providers in Montgomery County to track caseloads, movement of clients throughout the entire Continuum of Care for homeless services. Targets are set for the number of clients served, housed, employed, and receiving case management and are reported every 6 months to DHHS. In general, MCCH reports every other month and annually to the MCCH Board of Directors.
- There are clear guidelines regarding grievance procedures for both clients and staff. This may help to reduce misunderstandings between clients or with staff. HBCAC has a grievance procedure in place and posted on the walls near the front door. A copy of the procedure is also included in the intake packet for each resident. A box for clients to submit their grievances is in the common room. A client interviewed by the review panel reported that there was a

positive and timely response to a recent grievance that he filed regarding another resident.



Figure 23. HBCAC facility tour, kitchen area

Findings Transferable to other programs

- Mandt System training is an effective program in de-escalating tense situations and avoiding potential violence. By focusing on “people and not their behaviors,” HBCAC is utilizing this proven program to effectively de-escalate potentially violent situations.
- Since using the 30-60-90-day move out plans as part of their case management tools, staff have noticed reduced length of stays in the program. This fits well with the Housing First model that HBCAC incorporated in their new service model.



Figure 24. Volunteer, Ed Barnett, is helping a client with job searching and provides job coaching in the employment services office

Finding Needing Attention**Mid-Term**

- The intake assessment form and HMIS have similar questions but lack alignment to consistently understand outcome measures for this question. Align the possible options from the Intake Assessment form with the HUD reporting options from HMIS whenever possible.
- While the position descriptions indicate the ability to establish and maintain positive work relationships, the language does not clearly indicate what the expectations are of management. Position descriptions should contain specific requirements for customer service skills and experience for each position. Revise job descriptions to include specific customer service experience, knowledge and skills. An example is the ability to maintain composure when confronted with challenging situations.

Finding Needing Attention**Long-Term**

- Explore use of a proven reporting tool for recidivism that tracks over multiple programs. Current reporting tools lack the ability to easily track recidivism for all HBCAC residents. They do track stability rates through HMIS, but only for residents entering PSH. The successes HBCAC can see emerging in their new service model may not easily translate to long-term success of other referral programs and those programs' strategies.

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for changing roles within the

department and representative of the community.

Findings Exceeding Expectations

- The training efforts are very comprehensive. Staff are knowledgeable and skilled in all policies and operations of HBCAC. Staff receive continuous training throughout the year as required to formulate, implement, execute, and manage services to customers. MCCH will pay for staff's required CEU training to maintain licenses and certifications. All HBCAC case managers have graduate social work or related education degrees. With professionally trained staff, HBCAC clients appear to naturally progress toward goal achievement.
- The program provides opportunities for volunteers, interns and students. HBCAC has a remarkable number of volunteers, over 1,000 total, who provide extensive and essential in-kind services to the program. Many meal donors provide meals monthly or even weekly contributing to the over 100,000 meals donated annually. Job descriptions are provided to volunteers and interns.

Findings Transferable to Other DHHS Programs

- HBCAC could train other programs and their staff on:
 - The Mandt system to de-escalate potential client/ staff crises.
 - Utilizing a standardized assessment tools for vulnerability testing, such as the VI-SPDAT to guide prioritization of housing options
 - The use in emergency shelter settings of trauma informed care, harm reduction and motivational interviewing are proven best practices for Housing First Programs and Rapid Re-Housing Programs.



Figure 25. Review Panel discussing initial impression with staff

Finding Needing Attention

Short-Term

- Create space in the main shelter so clients can exercise to improve both physical and mental health. Another suggestion was to allow residents to view online exercise videos on a scheduled basis in the day room.
- The caseworker-to-client ratios (32:1) appeared high resulting in reduced frequency and duration of contact of the clients with their case manager, and should be examined to determine if they are optimal.
- Reviewers recommend that HBCAC consult with Shepherd's Table intake staff to learn about their diversion procedures, which HBCAC staff could implement during intake for the Men's Shelter.

Mid-Term

- HBCAC should increase its complement of case workers that are bi-lingual and develop a more successful outreach to engage immigrants in HBCAC services. Related, program materials need to be accessible in non-English languages. HBCAC staff should collaborate with Shepherd's Table bilingual counselors on best practices to engage and serve immigrants more effectively.
- HBCAC utilizes volunteers and student

interns to supplement their work in clinical case management, however staff suggested more could be done if staffing increased, such as: one more clinical social worker at the emergency shelter; an additional housing locator to follow up with clients after move-out; an additional case worker; one more employment specialist, and a diversion specialist to determine which incoming new clients really need HBCAC's emergency shelter vs other housing options. New staff could be assigned to diversion efforts, finding alternative locations for clients prior to shelter entry and a follow-up to track former clients who leave the shelter without a stable housing plan.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Exceeding Expectations

- The program demonstrates a strong team approach in providing case management services to address client needs and obtaining an appropriate housing situation. The coordinated efforts between operations staff and support service staff have resulted in better management of the needs. One client interviewed indicated that although he had been homeless for two years, and was skeptical about shelter services, the program helped him to develop and achieve identified goals such as being able to spend more time with his children.
- Program staff members actively participate in integrated activities such as the Intensive Team Meetings (ITM), especially when complex or challenging case situations occur. The ITM provides the client and the service providers with a total picture of the client and how he is progressing with each service provider.

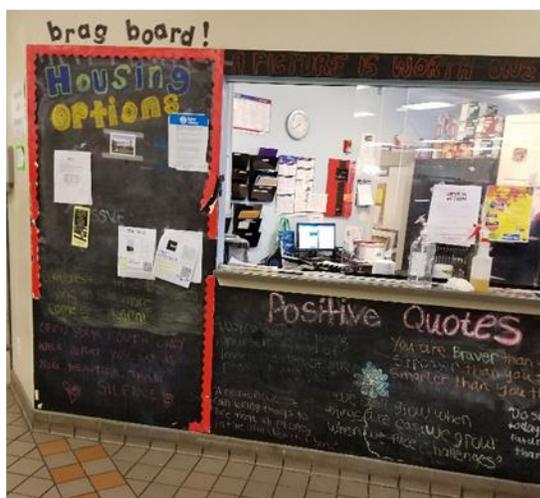


Figure 26. The Brag Board in the HBCAC lobby has information about housing and job opportunities, and space for client posts

Findings Transferable to other DHHS Programs

- While touring the office areas at HBCAC, the panel noticed how a few offices had writing on one wall of the office. The wall was painted with a whiteboard type paint that allowed erasable writing without damaging the walls. This was the process to brainstorm the 30-60-90-day plans and have used this method to formulate other policy changes as well. This allows managers and supervisor and workers to informally create or modify the framework for new policies or program service delivery during supervision or other chance encounters during the day. Having these walls also allowed any staff member who visits the offices to see program goals, statistics regarding targets, and organizational structure.

Findings Needing Attention

Long-Term

- As an external provider partner, HBCAC program does not currently access the DHHS eICM data system. There are plans to develop a provider portal to allow providers like HBCAC to have access to that resource. The current release used for the

HMIS does not include this database. To prepare for the eventual implementation of the provider portal, releases will need to be updated to include the eICM. Clients should be duly informed that their personal and confidential information may be shared in another system, such as through the provision of a notice of privacy practices. This is a joint issue for DHHS and MCCH to resolve at a future date.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- MCCH is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges. MCCH maintains multiple partnerships with the federal and state governments, Montgomery County, the City of Rockville and the City of Gaithersburg and over 40 nonprofits. Developing and sustaining significant partnerships and collaborations takes time and commitment, which HBCAC clearly demonstrates through regular email contact and frequent meetings with partners.

Findings Transferable to Other DHHS Programs

- The method and process that HBCAC uses to build, nurture and sustain important community partnerships is transferable to other programs. MCCH has been working with *t3* and *OrgCode* for several years and this fiscal year HBCAC implemented a new service model based on training provided by these two consulting agencies who offer training in evidence-based practices, such as motivational interviewing, housing first initiatives, harm reduction and trauma

informed care.

Findings Needing Attention

Short-Term

- The Suggestion Box where clients can place suggestions and grievances should be in a more visible location and have larger signage.



Figure 27. Parking lot and sidewalk renovations occurred immediately following the initial review at MCCH's campus

the report content and its findings on 11 January 2018. Staff were committed to reviewing and attending to findings were applicable.

During the discussion, MCCH staff informed the Reviewers that some issues they identified during field work had already been attended to. For example, this the inconsistent curbside access to the shelter which posed a challenge to access for some clients had already been repaired. In addition, the Overflow Shelter's parking lot, which also was in disrepair, was also refinished prior to the final report. The submission of a Montgomery County Community Grant to replace HBCAC's 21-year old vehicle for client transport was already underway.

DHHS commits itself to review progress at regular intervals. PACS will monitor progress on the recommendations and report results to the DHHS Director and the Senior Leadership Team. An informal update on progress will occur in six months and a final review of the recommendations will occur.

The final report will be made available to the public on the DHHS internet site.

4. NEXT STEPS

The Community Review panel met with DHHS and HBCAC management and staff to review



Figure 28. MCCH and HBCAC staff, accompanied by the DHHS Chief and staff of Services to End and Prevent Homelessness, are presented with the Certificate of Review presented by the Community Reviewers and coordinator, 11 January 2018.

ANNEX I: COMMUNITY REVIEW ASSESSMENT TOOL

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
<p>1. Program’s mission statement clearly relates to the DHHS mission.</p>	<p>The Montgomery County Coalition for the Homeless (MCCH) began 25 years ago with volunteers helping homeless men overnighting in trailers used as shelters. It first received federal funds in 1996.</p> <p>The most recent Community Review of the Home Builders Care Assessment Center (HBCAC) was completed by graduate students in 2015. Most of these recommendations are in process of being met: An improved MCCH website giving more information about HBCAC; improved resources for non-English speakers and more outreach to them, especially to immigrants; all materials should be available in different languages; more bilingual staff; strategies for dealing with the growing youth population; more caseworker staff and lower caseworker to client ratio (currently 32:1); improved and more frequent promotion of HBCAC's case management services for clients, especially in winter months.</p> <p>This Community Review of the Home Builders Care Assessment Center (HBCAC) shows that HBCAC's mission follows that of its parent organization, the Montgomery County Coalition for the Homeless (MCCH): Provide solutions in Montgomery County to ensure that homelessness is a rare, brief and non-recurring experience.</p> <p>HBCAC's mission is consistent with the Department of Health and Human Services (DHHS) to promote safety, health and self-sufficiency.</p> <p>The vision is to end homelessness in Montgomery County by building a community where everyone has a safe, stable and affordable place to call home.</p>
<p>2. Program has clear goals, objectives and strategies to accomplish its mission.</p>	<p>MCCH's mission and vision are aligned with the federal Opening Doors plan, the nation's first comprehensive strategy to prevent and end homelessness, as well as Montgomery County's Continuum of Care Ten-Year plan to End Homelessness.</p> <p>MCCH met Opening Doors' first goal of ending veteran homelessness in December 2016.</p> <p>MCCH is working toward completing the remaining goals of Opening Doors:</p> <ul style="list-style-type: none"> • End chronic homelessness by the end of 2017 (later modified to March 2018) • Prevent and end homelessness for families with children and youth by 2020 • Set a path to ending all types of homelessness <p>The strategy, objectives and goals are to:</p> <ul style="list-style-type: none"> • Provide emergency shelter with supportive services to meet the urgent needs of people experiencing homelessness to return them to stable housing as quickly as possible • Connect people who are exiting homelessness to stable, permanent housing with the services and supports they need to maintain their housing • Increase the supply of affordable housing to provide stable, permanent homes for people exiting homelessness • Advocate for the creation of a comprehensive rapid response system for all Montgomery County service providers who will then ensure that the experience of homelessness is rare, brief and non-recurring • Operate as a professional, compassionate and respectful organization with the resources, people and infrastructure needed to deliver on its mission to end homelessness.

<p>3. Staff can articulate the program's mission, goals, services and target population.</p>	<p>Staff are aware of and can describe the strategy, objectives and goals of MCCH and HBCAC, including crisis intervention, harm reduction, motivational interviewing and trauma-informed care as best practices. The values of collaboration and leadership are also evident among staff.</p> <p>Each fiscal year targeted outcomes are set for the following: the number and percentage of clients who move from the shelter into permanent housing, emergency services and provision of shelter, food and other resources; these are reviewed twice a year. Setting targeted outcomes is based on looking at past performances. However, HBCAC and their funders may adjust targets based on changing trends in service outcomes.</p> <p>In FY17 (begun in April and finalized July 2017), HBCAC developed a new service model to engage clients as quickly as possible about housing placement by providing clients with individualized move-out plans to help them focus on services needed and progress toward achieving housing goals. The new service model's goals are to:</p> <ul style="list-style-type: none"> • Reduce shelter length of stay • Address specific needs of low vulnerability-scoring clients who are expected to resolve their own homelessness • Provide tangible targets for clients to drive engagement and accountability in their own success <p>Already the number of clients leaving the men's shelter has increased, indicating that this innovative service model is working.</p> <p>The target population is homeless men (18 to 82) exiting prison or a hospital, and other homeless men. Fifty percent of the clients are receiving SSI or SSDI. They are referred to HBCAC from the Crisis Center and other agencies and organizations. Eligibility requires that the men perform their Activities of Daily Living, not exhibit behavior that is disruptive or unsafe, do not possess weapons or acts of drug dealing, smoke only in the designated outside area, attend in-house meetings, be responsible for their own belongings, keep their bed and common areas clean, leave at 7:00 a.m. and return by 8:00 p.m. (Winter curfew) or 10:00 p.m. (Summer curfew).</p> <p>Priority is given to those who lost permanent housing in Montgomery County. Men who are willing to engage in case management are preferred; in summer, those not interested in case management services are turned away. Some residents are already employed when entering shelter. For them, HBCAC's services include establishing a checking or savings account, attending budgeting and personal finance class, and work with a case manager to establish a Move-Out Plan. Clients who are not employed are expected to accept HBCAC's services--attend life skills workshops, wellness, time management and financial management counseling, a vocational assessment, use the computer lab to create or update their resume, meet regularly with Vocational staff or volunteers who help with job search activities, track their job applications with the goal of obtaining a job within 30 days. Job goals can be extended based on the client's individual issues and overall efforts with job search.</p> <p>Once employed, the client continues work with HBCAC's services to establish a checking or savings account, take budgeting and finance class and work with a case manager to establish a Move-Out Plan.</p> <p>The expectation is that graduates will be able to pay for housing with earned income or a combination of earnings and benefits. Barriers to employment are often lack of personal documents, health or mental health limitations, past judicial involvement and poor credit history.</p> <p>30-day move-out plans are created for clients who have substantial income (at least \$600/month), can live independently in the community and need few support services.</p>
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	<p>60-day move-out plans are created for those who have recently obtained employment, may be interested in being connected to mental health or substance use treatment and/or may need additional time to save at least 30% of their income for rent.</p> <p>90-day move-out plans are created for clients who are searching for employment, are undocumented or have pending benefit applications.</p> <p>At move-out each client is given a kit with hygiene items and essential food supplies for 30 days. Furniture is provided by A Wider Circle. Fifty-one percent of move-outs are to permanent housing (54% to room rentals; 23% to friend/family; 5% to McKinney 10; 4% each to HIP, HIP Medical and Interfaith residences; and 2% each to Rapid Re-Housing (RRH), Home First and other). Thirty percent are other (they disappear/leave without informing staff where they're going—perhaps to the streets); 15% are temporary (33% to the street, 27% to Safe Havens, 20% to Chase, 13% to Dorothy Day, 7% to friends/family), and 4% to institutions. Only a small percentage of clients are unwilling to engage with case management, employment and housing locator staff for these services. HBCAC serves about 700 individual clients annually.</p> <p>HBCAC's staff seek appropriate community-based agencies or programs as resources for everyone before and/or after move-out.</p>
<p>4. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.</p>	<p>MCCH's development department ensures that HBCAC's mission, goals, services and contact information are accessible, accurate and consistent on printed materials. The website (www.mcch.net) includes blogs that highlight current needs for clients and information about its various programs, annual reports, etc. and is on social media (Facebook, Twitter and LinkedIn). Information is also available through InfoMontgomery, MC 311, and the DHHS/Crisis Center (MCCoC's entry point for homeless adults).</p> <p>HBCAC is open 24/7, and staff business cards are given to clients for ease of contact.</p>
<p>5. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology (IT) systems.</p>	<p>As a member agency of the MCCoC, HBCAC complies with the Department of Health and Human Services' (DHHS) mandated use of the Homeless Management Information System (HMIS), a county-wide client database to document the provision of homeless services for Adults and for Families with Children in its Continuum of Care (MCCoC).</p> <p>HBCAC documents all data and findings in bi-monthly, quarterly, bi-annual, and annual reports to its funding agencies—DHHS, City of Rockville, City of Gaithersburg, the Maryland Emergency Food Program and Montgomery County Council. HBCAC reporting outcomes are shared with staff and MCCH's Board of Directors.</p>
<p>6. Program has a system in place to identify efficiencies and improvements.</p>	<p>HBCAC completes a bi-monthly report detailing the number of clients served, demographics and performance indicators (length of stay, number of clients with income, connection to resources). HBCAC and funding monitors receive the report. These outcome measures are monitored both ongoing and annually to identify areas for improvement (data related to exit destinations has been improved). Also, the client satisfaction survey is used to ensure that improvements are effective.</p> <p>HBCAC has improved its electronic data systems by hiring a new data entry specialist in 2016, so that she is the only staff, instead of several in the past, who inputs data now. The result is a much-improved quality of tracking day-to-day data--e.g., move-ins, move-outs, specific clients, etc. Now, staff can see the outcomes of their work performance, which helps both individual staff and the program meet their target goals.</p>

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
<p>1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.</p>	<p>The HBCAC program conducts regular client satisfaction surveys to identify areas for improvement and works to make changes based on survey results. Client satisfaction surveys are completed every six months to capture responses from both their winter and Summer populations.</p> <p>In FY 2017 HBCAC began to implement components of the service improvements developed with OrgCode to conduct client and staff satisfaction surveys on a monthly basis. This new initiative is discussed in more detail in Question 4 of this section.</p> <p>Case Managers connect clients with identified community resource agencies through their weekly case management meetings. Staff utilize the resources from their collaborative partners – i.e., Cornerstone, Mobile Med, Mobile Dental, Project Reboot (for low cost computers/laptops), clothing centers, A Wider Circle (for furniture) – internet searches (including InfoMontgomery) and by attending monthly Teaming Meetings with all the Homeless Adult service providers, where new programs and services are presented as needed.</p> <p>Finding of the satisfaction surveys are discussed at shelter and operations staff meetings, Program Managers Meetings and Extended Team meetings. If there is a significant issue that needs a policy statement or an update to a policy, the Quarterly Policy review process can be implemented.</p> <p>In September 2017 MCCH updated their Quarterly Policy Review procedures. This policy encompasses a continuous update process as well as a quarterly process. The steps of this procedure are detailed and incorporated involvement by the Program Directors, Expanded Team members, when there is a need for a new policy or to modify a policy. All Managers and Directors participate in the approval process by voting on the draft policy during a Programs Manager meeting either in person or via email, phone or Skype. If training is needed for staff, the training is scheduled, and the new policy is distributed to all Program Managers. The training will occur at an Expanded Team meeting.</p>
<p>2. Clients are screened for other needs and referrals are made for eligible services available outside the program.</p>	<p>Once the Intake packet information is entered in HMIS, the case record is assigned to a case manager in the Clinical Case Management Unit within the client's first week as a resident.</p> <p>For clients who opted for case management services, the Housing Locator and Employment Specialist meet with them within 3 days of the initial intake to assess clients for affordable housing placement programs. Other support staff are available as well to assess additional client needs. Clinical case managers then interview clients to refer them to other needed services as identified on the Intake Assessment and VI-SPDAT. These services include referral to many of the on-site service providers, such as, mobile medical care, mobile dental treatment, mental health treatment—group therapy or medication review with a Psychiatric Nurse. Community referrals include substance use treatment, clothing centers, and other resources as identified by the client. Clinical case managers meet weekly with each client to monitor the progression of achieving service plan goals which are developed with the resident's participation to resolve his homelessness as quickly as possible.</p> <p>When residents must obtain referral services off-site, they may be given bus tokens or Metro fare cards to get to these destinations, including work and other essential appointments. On occasion the resident may be driven to that location in the program's van.</p> <p>Staff have access to continuing education by utilizing training in the community and the DHHS Center for Continuum Learning. In addition, MCCH hosts an annual housing conference that offers CEUs to its staff and other qualified attendees. Finally, MCCH will pay for eligible staff to attend outside training opportunities.</p>

<p>3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.</p>	<p>The reviewers were able to observe interactions between staff and residents at the shelter. Both staff and residents were treated with respect and were courteous to each other. Staff maintained professional behavior always.</p> <p>As stated in Question 1 above, HBCAC does not have access to eICM at this time. Hence, the needs assessment form in eICM is not available to the shelter's case managers. Client information and data are entered on Homeless Management Information System (HMIS), a HUD requirement for Continuum of Care grant recipients and providers of services for the homeless.</p> <p>The support services staff meet with new clients within three days of their initial intake and are screened for needed services to support their service plan. These referral services are incorporated in the service plan as agreed by the client and case manager. As the rapport between client and case manager develops, further referrals can be added to the service/move-out plan.</p> <p>The case manager follows a "Checklist for Housing Case Managers" to ensure that the mandates for the 30-60-90 day Move-out plan are achieved. Further, HBCAC has adopted the "HMIS Case Note Standards" as a policy and program requirement. This ensures that quality data is entered in HMIS to support the service plan.</p> <p>It was noted that case management is not mandatory for the Overflow Shelter residents as the current number of staff for support services and clinical case management cannot readily exceed a maximum of 43 cases during the hypothermia season. The clinical case managers and their supervisors have backgrounds in social work and psychology. The client's progress is entered in HMIS under the section for case management notes and other sections as required.</p> <p>The HBCAC staff is a diverse group of employees who are trained in culture competency. They effectively address the service needs of the diverse resident population. There are six bilingual staff (20% of the 30 staff members in the shelter) that speak Spanish, Farsi, Amharic or Tigrinya. Staff utilize Voiance for telephonic interpretation and International Rescue Committee as well as other County translation services for in-person interpretation services. These services are fee-based for the program but free for the client. The last training on cultural competency was held on-site in April 2017.</p>
<p>4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.</p>	<p>HBCAC collects Customer Satisfaction Surveys from the residents every six months for the DHHS contract. The Reviewers were provided with a copy of the survey results from January 2017 where 92 residents returned completed surveys. The results were tabulated by the Compliance Manager. Some of the results included 69.2% of the residents found the shelter to be clean; 70% felt the shelter was safe; 67% received the services they came for and 73% accepted case manager services. Comments from the residents included: great staff, best shelter, staying in shelter helps greatly, not enough help for ex-offenders, need more textbooks and vocational books.</p> <p>In July 2017 HBCAC implemented use of monthly customer surveys to obtain feedback from both clients and staff. This was a recommendation from OrgCode, the international consulting company that developed the VI-SPDAT for prioritizing the housing needs for homeless populations. The new survey is on Survey Monkey and asks 5 questions for clients and 6 questions for staff.</p> <p>The compliance manager sends out the survey link to staff during the first week of the month. Staff and clients are given the entire month to respond. The August surveys were completed by 10 staff and 11 clients.</p> <p>Some of the logistics to obtain more participation from clients are to resolve issues for clients to use the vocational lab and day room computers with supervision so that clients who are not computer literate or in need other assistance—literacy or language capacity—can successfully complete the survey.</p>
<p>5. Program delivers services respectful of diverse communities.</p>	<p>The staff at HBCAC were trained in cultural competency in April of this year and strive to deliver services in a respectful and courteous manner, taking client's culture, language, values and beliefs into consideration. There is not a specific program brochure for HBCAC. They don't have</p>

	<p>a need to advertise their emergency shelter program as they lack the staffing capacity to serve more clients. However, the online e-newsletters do profile a diversity of clients, depicting their journey toward improving the quality of their lives and their progression from being homeless to having their own housing.</p>
<p>6. Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication needs.</p>	<p>Currently program forms are available in English and Spanish. When clients speak other languages, staff contact Voiance for telephonic interpretation to assist in completion of intake forms and interviews.</p> <p>However, staff are working with OrgCode to revise all forms and the client handbook to support their best practices model. Once this is accomplished, the forms and other materials will be translated into their commonly used languages (currently, Spanish; Farsi; Amharic and Tigrinya).</p> <p>The MCCH website has been re-designed. It includes a Menu item labeled "In crisis?" This one pager provides quick access to shelter information in Spanish, French, Amharic and Korean. However, there was no English version available.</p>
<p>7. Program is aware of and uses translation services to serve non-English speaking customers.</p>	<p>HBCAC staff use Voiance for telephonic interpretation and International Rescue Committee interpreters and County translation services to meet client's language and communication needs.</p> <p>Written and notices posted in the shelter do not include information that translation services are free of charge. Some notices are in Spanish and English.</p> <p>On the MCCH website under the menu item "In Crisis," the information on where to apply for homeless services and homeless families and other supportive resources for this population is posted in Spanish, French, Amharic and Korean but not in English under this title.</p> <p>Information about the HBCAC on the MCCH website is found under "What We Do," followed by selecting "Our Programs," then selecting "Emergency Shelter." This page describes the hours of the shelter, how many men are served, and the on-site and supportive services provided to the residents. However, how to apply for these services is not indicated.</p> <p>It is recommended that the information currently provided under "In Crisis" Menu be included in an English version.</p>
<p>8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.</p>	<p>The program is knowledgeable of the ADA Checklist and provides reasonable accommodations and mostly accessible facilities for customers with disabilities.</p> <p>It was noted that one of the sidewalks dips before the curb area where persons using canes, walkers or fully mobile individuals could trip and fall. A request to DGS should be submitted by the Director of Human Resources and Operations.</p> <p>Both the HBCAC and the Overflow Shelter have fully accessible bathroom, with toileting areas, showers with drop down benches, sink areas, paper-towel dispensers and water fountains that can be accessed by persons in wheelchairs.</p> <p>During Intake, clients with disabilities complete the Reasonable Accommodations Request form to ensure that they are provided reasonable accommodations and assigned to appropriate facility locations.</p> <p>The program does have a TTY machine in the front office of the shelter. Operations Staff know how to operate this system. However, TTY information is not included on Directors, Program Managers' or other staff business cards. Many staff distribute business cards to clients to contact the case manager or program manager.</p> <p>The support staff and case managers were not aware of sign language interpretation services to schedule in-person sign language interpretation or how to access Maryland Relay or</p>

	<p>Maryland Video Relay services to communicate with deaf or hearing-impaired clients. One of the Reviewers explained the latter two systems and how to access them by dialing 711.</p> <p>The reviewers would recommend contacting MD Relay/Video Relay at their website: http://doit.maryland.gov/mdrelay/Pages/default.aspx to further support translation/interpretation services for the deaf and hearing impaired. MD Relay does not provide video relay. Those services are provided by interpreting companies free of charge. The ADA Title II Compliance Manager at MC Department of General Services recommends that the staff should understand how to use MD Relay and Video Relay which are explained at this link: https://www.fcc.gov/consumers/guides/video-relay-services.</p> <p>An excellent resource for services to the blind and visually impaired is Columbia Lighthouse for the Blind at http://www.clb.org/what-we-do/ to inquire about translating their forms and materials to Braille. They can also contact their Contract Monitor to obtain resources DHHS currently uses for these interpretation services.</p> <p>The reviewers consulted with the ADA Title II Compliance manager regarding the use of TTY vs MD Relay/Video Relay services as TTY is no longer the preferred method to use when communicating with individuals who are hearing-impaired. The ADA Title II Compliance Manager at the MC DGS is recommending that shelter providers install a video relay phone (via software on the computer) and consider video remote interpreting (same technology as Video Relay) but is used instead of an on-site interpreter so the provider would have to pay for the interpreting as with in-person interpreting; the costs may differ).</p> <p>Further, it is suggested that the HBCAC program manager or other MCCH designated staff contact DGS at 240-777-5362 to discuss. Set up costs are minimal. The Compliance Manager recommended a guide created for the Chicago Trust that is available for anyone: http://cct.org/wp-content/uploads/2015/08/2015ADAComplianceGuide.pdf. It was noted that the guide contains plenty of good information on serving people with disabilities.</p>
<p>9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).</p>	<p>HBCAC case managers provide transportation assistance to their clients to support the client's service/move-out plan, including getting to their jobs and other scheduled appointments. This assistance included tokens; money or vouchers for cabs, Metro Access; Call-and-Ride and the program's van to transport clients.</p>
<p>10. Services are delivered in facilities that are accessible to clients.</p>	<p>The HBCAC is located on a major road with public transportation services. Ride-on bus stops are on both sides of the main street. It is noted that the driveway needs major repairs, making it difficult for anyone walking towards the shelter. There is no sidewalk from the main street until one arrives at the HBCAC building that has sidewalk area around most of this facility.</p> <p>The Director of Human Resources and Operations has been working with the County Department of Transportation to have the driveway repaired for most of the past year. The last update during the Community Review was that the repair work was in the process of being scheduled.</p> <p>The parking lots at both the HBCAC and Overflow Shelter have accessible parking spaces with appropriate access lanes and ramps to the sidewalks. The path to the entrance of each facility is also easily accessible for wheelchairs and walkers. There are marked parking spaces for the non-handicapped and other paved areas where cars can park.</p> <p>The HBCAC is open 24/7. However, clients have a curfew of 8:00 PM in the winter Season and 10:00 PM in the Summer Season. Curfew times can be individualized based on the client's verified work schedule and when approved for a night away from the shelter.</p>

<p>11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.</p>	<p>The HBCAC was built in 2000 and is operating in a County owned building. When repairs are needed, the Director of Human Resources and Operations submits the request to the MC Department of General Services which in turn schedules the repair work order.</p> <p>As stated earlier, MCCH has been undergoing a transformation in their service delivery since April 2017. With this new focus on harm reduction, trauma-informed care and motivational interviewing, they were looking at the environment in the shelter itself, between staff and residents. MCCH approached Cornerstone for assistance. They advised the shelter staff that the facility should be painted in trauma-informed colors that would reduce stressors that could trigger some residents. The colors selected were tones of light beige and light blue. With the implementation of the Mandt System for reducing workplace violence, this environmental change may be reflected in data that incidents of vocal outburst and fights among residents and/or staff may be reduced over the remainder of this fiscal year.</p>
<p>12. Information on how to access or apply for services is available online for clients.</p>	<p>MCCH's website does have a menu item entitled, "In Crisis." When one makes that selection the first is in Spanish, then French, Korean and finally Amharic. There is no option for a version of this page in English. Yet the page does inform one how to access Homeless services in Montgomery County for single adults and families with children. It should be noted that the explanation is for single adults only and describes accessing single adult services during the Summer season only by going to the Crisis Center for a referral. The procedure during the winter season is that clients can walk-in.</p> <p>Prior to the start of the Hypothermia Season, MC DHHS sends the annual FREEZING & INCLEMENT WEATHER PLAN COMPONENTS to the MC Public Relations Office and Maryland Department of Housing and Community Development. This Plan details how Homeless Shelter services are provided through the MCCoC.</p> <p>The MC Interagency Commission on Homelessness publishes a Homeless Services Guide annually that is available in English and Spanish. The guide provides information on how to access homeless services and other resources without naming any specific shelter. It is available at MC libraries and recreation centers.</p>
<p>13. Program services are received in a timely manner.</p>	<p>Potential residents requesting an interview can be accommodated within 72 hours or less.</p> <p>Current residents are assigned a case manager after completing the Intake Assessment packet. Within 3 days residents connect with that case manager for an interview to start case management services. Missed or canceled appointments can be re-scheduled by phone, email or note from the client or the case manager. Clients can also walk-in for an appointment. Plus, a case manager is available until 8 pm or 9 pm several evenings per week to accommodate clients who are working.</p> <p>With case managers and supervisors having staggered workhours, clients have access to case managers up to a 13-hour timeframe each workday.</p>
<p>14. If the program has a waiting list for services, staff are working to eliminate the waiting list.</p>	<p>There is no wait list for HBCAC services during the winter Season. They can house up to 236 men between the main shelter and Overflow Shelter. The program operates on a "first-come, first-serve" basis.</p> <p>During the Summer season (April 1 to October 32), the capacity is reduced to 65 residents, with 3 beds assigned to Health Care for the Homeless for the medically vulnerable and 2 beds for DHHS/Adult Protective Services clients who may be awaiting placement for an appropriate housing plan. Homeless men are referred to HBCAC by the DHHS/Crisis Center.</p> <p>There are no daily waitlists for current clients to receive services. Appointments with their case managers are scheduled for clients during their weekly case management interview. If appointments are canceled, they can be re-scheduled by contacting the client or case manager via notes, phone or email.</p> <p>Clients can receive services at their scheduled appointment times and when other scheduled activities are offered on site—health care, dental care, mental health group, Vocation Lab, Life Skills, etc.—they can attend, especially those activities that correlate with their move-out plan/service plan.</p>

<p>15. Program regularly reviews changing client outcomes and population needs data and incorporates findings into their practice. p</p>	<p>Written outcome reports are submitted in January and July to DHHS contract monitor. These outcome reports conform to the Outcomes section of the program's current contract. These measures document the number of clients provided emergency food and shelter services. Specifically, the report documents the number of residents participating in on-site services/programs, housing outcomes for these residents and customer satisfaction results. For the FY17 July 2016 through December 2016), some examples from that report reflect the number of residents:</p> <p>Number provided shelter: 272</p> <p>Referred to Case management: 175</p> <p>Referred to Addiction Services: 44</p> <p>Referred to mental health treatment: 18</p> <p>Moved to Permanent housing: 20</p> <p>Completed Customer Satisfaction Surveys:</p> <p>1) 95 – with 59 satisfied with case manager</p> <p>2) 130 – with 100 satisfied with programming at the shelter</p> <p>However, the average number of bed-nights per resident was not on this report as it is available in HMIS. It was further noted that the DHHS Contract for HBCAC does not request monthly or bi-annual targets. The report is an accrual of numbers in each query. The FY 18 reports for July 2017 to December 2017 provided to the Reviewers by HBCAC does include average length of stay for non-exited clients. These reports are submitted to the MCCH Board of Directors.</p>
<p>16. Are data on race, ethnicity, country of origin and/or preferred language collected on clients served?</p>	<p>Although data on race, ethnicity, country of origin and/or preferred language is captured in HMIS for each shelter resident, MCCH/HBCAC does not use this data to compare client outcomes. Information on a client's preferred language is collected at intake but not entered to HMIS. This information is contained in the client's file. Nor does the VI-SPDAT collect data in these same areas. HBCAC does not document legal status of its clients.</p>

III. Accountability

Standards/ Strategies	Supporting Evidence
<p>1. Program applies evidence-based practice to the design and delivery of services.</p>	<p>MCCH holds trainings regularly, including an annual Home Conference in November. According to their "Employee Handbook (which was revised in February 2017), the MCCH pays for any trainings needed for their staff members, even if outside the agency. Staff members also can sign up to take trainings through the DHHS Center for Continuous Learning, since the agency is a contractor with DHHS. At least one staff person in the Operations unit, Ace Thompson, is a certified trainer for the MANDT System. He in turn trains all staff needing this skillset. This system uses a variety of strategies to decrease workplace violence, focusing on "putting people first and supporting them, not their behaviors". Through interviews with staff member and residents, most reported good success at de-escalating potentially disruptive incidents.</p> <p>HBCAC reported working with OrgCode to revise their procedures and forms to follow best practices. OrgCode developed the VI-SPDAT, used by providers of homeless services to prioritize the most appropriate housing options to pursue. They also helped streamline the shelter rules.</p> <p>HBCAC has also moved to a 30-60-90 day move out plan focus since April 2017, which reportedly has reduced average length of stay (LOS) by 100 days. This fits well with the current "housing first" and "rapid re-housing" emphases across the nation. Most residents engaging in</p>

	<p>case management services are almost immediately put on a plan to find housing within 30 days, with adjustments to 60 days and 90 days plans as needed.</p> <p>The format of the resident’s record has been updated recently by adding a checklist to ensure that staff include all required documentation throughout the case record and in the case notes.</p> <p>Ace Thompson, Operations Manager, indicated they were looking to switch the dorm area with the common living area, so people are not walking into the residents’ bedroom when they first enter the shelter.</p>
<p>2. Program sets monthly/annual targets for outcome measures.</p>	<p>Through the MOUs with City of Rockville and City of Gaithersburg, there are targets for the number of move-outs that are tracked quarterly and annually, in support of reducing homelessness in those jurisdictions.</p> <p>In addition, HBCAC uses the HMIS, a tracking database shared among all housing program providers in Montgomery County to track caseloads, movement of clients throughout the entire Continuum of Care (CoC) for homeless services. They also use a variety of spreadsheets for statistical reporting. Targets are set for the number of clients served, housed, employed, and receiving case management. These outcomes are reported every 6 months to DHHS. In general, MCCH reports bi-monthly and annually to the MCCH Board of Directors.</p> <p>The program has three objectives tracked for their County Council Annual report:</p> <ol style="list-style-type: none"> 1) Clients will enroll in case management, with a target of 43%; 2) Clients in case management will also receive psychiatric services with a target of 29%; 3) clients enrolled in case management will move to permanent housing with a target of 50%. <p>In the July 2017, they reported actual results of 39%, 22%, and 36%, falling slightly short of their targets. They reported staff vacancies affecting the first two targets. They also reported more success with the 3rd target since they implemented the 30-60-90 day move out service plan.</p>
<p>3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.</p>	<p>There are a variety of timeframes that the program has in monitoring outputs and outcomes and targets. For the cities of Rockville and Gaithersburg, they report quarterly and annually.</p> <p>The County Council report is done annually.</p> <p>The County does an annual HUD report, using data from the HMIS, which includes data from all the programs in the CoC. One example is the housing stability rate, which indicates how many clients have moved into permanent supportive housing (PSH) either remain in this housing or move on to other housing options, as opposed to returning to shelter. The most recent number was reported as being around 95%.</p> <p>Another example is tracking length of stay (LOS) through the HMIS database. HBCAC was able to determine that the LOS for their residents has dropped from 220 days to 120 days since implementing the 30-60-90 day housing plan model.</p> <p>The Board of Directors for MCCH receive reports every two months as well as annually.</p> <p>The Contract Monitor for DHHS, Tanya Jones, indicated that the shelter is supposed to submit reports to her every six months, though this timeframe has not been consistently kept. She conducts site visits to review records quarterly. Outputs she monitors include number of people who move to more stable housing, what services were residents referred to, and how many residents obtained income, or increased their income.</p>
<p>4. Program managers regularly disseminates the program’s performance data with staff.</p>	<p>Francesca Noel, Program Manager for Support Services, reported that Managers and supervisors meet with their teams once a month and with their individual staff members weekly one-on-one whenever possible. She periodically will share results of some reports, though generally reports are not discussed in these meetings. Management makes reports available to staff who want to review them, and the agency publishes annual reports that are available to them and the public; they are also on the MCCH website. Sometimes success stories are shared with staff though periodic emails and are shared on the MCCH website.</p>
<p>5. Program compares results/ trends with</p>	<p>HBCAC uses the HMIS, a tracking database shared among all homeless and housing program providers in Montgomery County to track caseloads, as well as movement of clients throughout</p>

similar programs in other jurisdictions or appropriate benchmarks.	the entire Continuum of Care (CoC) for homeless services. This database is used by other jurisdictions around the Washington DC metropolitan area that receive Federal HUD funds. Each jurisdiction submits an annual report to HUD. Staff members attend a meeting of all the COC group every other month, as well as a quarterly meeting with their community partners. They update each other on critical issues and progress resolving them, and share needs and changes.
6. Are managers utilizing reporting tools and data?	<p>Assessment of service needs for each client is done at intake. HBCAC uses two Service Prioritization Decision Assistance Tools (SPDAT) to determine which housing options are best suited for each client. The VI-SPDAT is based on general vulnerability and helps prioritize clients for different types of move-out strategies while the Full SPDAT is a more comprehensive measure meant to assess a client that is being referred to Permanent Supportive Housing (PSH).</p> <p>All assessments are uploaded into HMIS and are exported to the Montgomery County Coordinated Entry team for housing referrals. HBCAC also uses the HMIS to record and track residents' activities, entries and exits, as well as many other data elements. The HMIS is limited in the kinds of reports that could be useful in tracking activities and progress, so HBCAC uses several spreadsheets to track some information and reports. One example is they are unable to easily track recidivism for all HBCAC residents. HBCAC demonstrated good use of this information through the development of their strategic plans, as well as in making changes to their processes. An apparent successful example is the reported reduction of LOS since implementing the 30-60-90 day housing plan model.</p>
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	<p>There were no specific goals with this criteria within the sample performance plans provided.</p> <p>In all the position descriptions, the only reference regarding these criteria was for the staff person to have the "ability to establish and maintain positive working relationships." In the employee handbook, there is a progressive discipline policy and procedure outlined, but the agency maintains the option for immediate dismissal for any reason. According to Fang Wei, Director of Human Resources and Operations for MCCH, this follows current law. However, management did indicate that the degree of effort to discipline vs firing depended on the degree of the issue at hand.</p>
8. Program has participated in the Quality Service Review (QSR) process.	<p>Staff indicated that they did not believe they had ever participated in the QSR process, though Abigail Hoffman from PACS included the 2015 Student Review. They have participated in numerous Intensive Team Meetings (ITM) regarding specific residents, and reported that they did follow up with recommendations from the resulting Action Plans that the Team developed for each client.</p> <p>A Student Review was performed in 2015, with several recommendations regarding the agency's procedures, which HBCAC reported to have resulted in some changes. See Section I.1 for more details regarding the Student Review.</p>
9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.	<p>HBCAC has a grievance procedure in place and posted on the walls of the dormitory. A copy of the procedure is also included in the intake packet for each resident. A box for residents to submit their grievances is in the common room. One of the residents who was interviewed by this Review Panel reported that there was a positive and timely response to a recent grievance that he filed regarding another resident.</p> <p>There is also a client Bill of Rights posted in the dormitory, but not given out to residents at intake.</p>
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	<p>Management Indicated the HBCAC is not a HIPAA covered entity. However, there is a client bill of rights, which is posted in the dormitory area. There is also a HIPAA compliant release form signed by all residents regarding the information that is to be entered to HMIS. Some of the forms have been updated, though some records of recent residents have older versions. There is also a general release of information form used when obtaining or sharing information with other entities, such as the Veterans Administration.</p>
11. Staff always adhere to appropriate information security safeguards when	<p>Staff offices have file cabinets that are not usually locked, but the offices themselves are locked. No resident records were noted on empty desks when the Review Panel walked through the offices, including the Front office at the entrance of the shelter. Staff indicated that there is</p>

sharing confidential documents.	always some staff member in the Front office, which is why they do not have locking cabinets for resident records in that area. There is also a release of information form used when sharing information with other entities, such as the Veterans Administration. The reviewers did not see examples of how staff send confidential information, though staff members have confidentiality statements on their email signatures. In the employee handbook it is stressed that any client information may be legally protected for confidentiality, and should be treated as such at all times.
12. Client files are stored in a secure area and confidential information is not in plain view.	Staff offices have file cabinets that are not usually locked, but the offices themselves are locked. No resident records were noted on empty desks when the reviewers walked through the offices, including the main office near the entrance.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	<p>Staff members and residents who were interviewed indicated that they close the doors of their offices when discussing issues with residents. There are also a couple of other rooms where these discussions can take place in private. It was reported that initial intake interviews were held in a back room of the main office, but it was not apparent how private that was, given the amount of the traffic in the front office.</p> <p>In the "Employee Handbook", there is a statement that "Client records may be legally protected confidential records, and must be treated as such." Also, client records are not to leave the office except as permitted by the confidentiality policy and with expressed authorization of the Supervisor.</p> <p>Residents are not permitted to have visitors on site. They must leave the program's campus to meet with non-program people.</p>

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	<p>HBCAC's staff are the Chief Programs Officer, Program Director, Program Manager for Support Services, Operations Manager, Clinical Coordinator, 2 Case Managers, 2 Housing Locators, Employment Specialist, Program Assistant, 5 Case Aide Supervisors, 10 Case Aides, and 3 Relief Case Aides.</p> <p>Having sufficient staff and resources has been an ongoing challenge for HBCAC, due to inadequate funding. The caseload ratio of 32:1 is not desirable. HBCAC has developed a plan to alleviate this challenge by adding intern and volunteer positions, the development and Communications Director is seeking more volunteers for general operations, and staff are being re-arranged to more evenly spread out responsibilities to facilitate the new strategy of 30-60-90 day move-out plans.</p> <p>Staff vacancies are filled in a timely manner. In the past year several positions were refilled. There have been two new positions added this fiscal year: the housing locator and program assistant.</p> <p>HBCAC should hire a bilingual case worker, and the caseworker-to-client ratio needs a reduction from 32:1 to the ideal ratio of 12:1.</p> <p>HBCAC could promote case management services to clients, especially to those who initially decline these services. The 2015 Student Review recommended that there should be at least three documented efforts to engage clients with case management services.</p> <p>Due to insufficient funding and a lack of additional staff, the program is unable to provide case management or other important services to the men who are in the winter Overflow Shelter. Only those in the main shelter receive these services.</p> <p>To fulfill HBCAC 's mission and goals, the program offers emergency shelter for individuals who identify as male and are homeless. The program provides basic needs services, support services including case management, housing location, vocational/employment services, and access to basic physical and mental medical care, as well as to dental services.</p>

<p>2. The program budget reflects and supports the program's mission and significant needs.</p>	<p>HBCAC's 2016 budget summary follows:</p> <ul style="list-style-type: none"> • Expenses—60% for permanent supportive housing (group and single scattered housing where clients pay 30% of their income for rent), 26% for emergency shelter, 9% for management and administration, and 5% for fundraising • Revenue—68% from government funding (federal funds for transitional housing has been cut effective 3/1/18), 25% from private contributions, 5% from program income, and 2% other income <p>Montgomery County provides the HBCAC building rent-free. HBCAC also has contracts with the Cities of Rockville and Gaithersburg to track former residents who enter HBCAC.</p> <p>Although more funding is needed and sought to fully support staff needs, HBCAC's use of graduate student interns and volunteers has been very helpful in supporting operations without additional funding. There is also significant in-kind support that offsets certain areas of need. In the last fiscal year, meal donors provided 102,656 meals out of a total need of 115,461. The value of the meals was \$307,968.</p>
<p>3. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.</p>	<p>The budget is reviewed annually by program leadership and MCCH's executive team. To fill revenue gaps, MCCH Director of Development and Communications applies for grants that HBCAC needs to ensure quality service provision as their programs. See #1 above regarding alternate strategies by utilizing student interns and volunteers.</p> <p>To sustain donors and encourage new donors, client success stories are put on the website, and there are semi-monthly email distributions to donors and others.</p> <p>MCCH's Executive Director, Chair of the Board of Directors (BOD) and staff Directors communicate with the County Council and County Executive regarding funding needs to enhance programs and services outcomes.</p>
<p>4. Job descriptions are in place for position and reflect the individual's role in achieving the program's goals.</p>	<p>Job descriptions exist for each staff position, and they are detailed and clearly define the individual staff's role in achieving program goals.</p>
<p>5. Staff responsibilities and activities are appropriately aligned with their position description.</p>	<p>With the new service delivery model, HBCAC recently updated all job descriptions. Job descriptions are more focused on housing achievement than they were in the past.</p> <p>Individual staff's job descriptions accurately reflect day-to-day responsibilities and activities.</p>
<p>6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.</p>	<p>HBCAC's case management staff have college or graduate school degrees in social work or related fields. They have the knowledge, skills and awareness needed to formulate, implement, execute and manage services to clients.</p> <p>In addition, HBCAC's staff are involved with developing and tracking their budgets. They are proud of their work, which energizes them and keeps them highly motivated and committed to provide the best client-centered services. This shift—to focus on what the client wants or needs and not what staff tells the client to do—clearly places the client in charge of ending his homelessness.</p> <p>HBCAC's leadership is excellent. They include all staff in discussions whenever possible and appropriate. The Chief Programs Officer meets quarterly with staff in each department. HBCAC tries to promote internal staff when job openings occur. Supervisors usually have weekly meetings with individual staff and monthly group meetings.</p> <p>Both the Executive Director and Chair of the BOD were very proud of the three annual occasions where all the staff of MCCH come together for recognition and camaraderie: a Retreat that</p>

	<p>includes training, a holiday party with extraordinary raffled gifts hosted by the Board, and a company-sponsored picnic.</p> <p>Staff respond to calls and emails within 24-48 hours and to resolve complaints and grievances quickly. Their focus on best practices—trauma-informed care, harm reduction and motivational interviewing—to effectively work with their vulnerable client population.</p> <p>As evidence of staff's effective work, here are client outcomes reported in the FY 2017 year-end report:</p> <ul style="list-style-type: none"> • 38% of clients moved to more permanent/stable housing • 90% gained access to needed services • 39% enrolled in case management • 43% enrolled in the Back to Work program • 40% obtained or maintained employment • 100% received emergency food and shelter • 709 individual men were served • An average of 54 bed nights was used per client • 77% of participants were satisfied with the program's services, although only 18% were surveyed <p>HBCAC staff incorporate DHHS's values and customer service, accountability and internal operations guidelines. All new staff receive on-site orientation and training in the first few weeks of employment. In addition, all staff regularly attend trainings in Housing First, trauma informed care, harm reduction, CPR, and non-violent crisis intervention and de-escalation. The latter (MANDT System) is an international staff and development and training process that provides a comprehensive array of services based on "putting people first and supporting people, not just their behaviors™." Many staff attend MCCH's annual Home Conference, which is a day of trainings set up by the t3 Center for Social Innovation, also attended by many Montgomery County providers of housing and homeless services.</p>
<p>7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance Management Cycle).</p>	<p>Performance evaluations are conducted annually for all staff. The objectives align with the tasks and responsibilities in each job description. Evaluations begin with staff self-evaluations and are followed by a conversation between the individual staff and his/her supervisor.</p>
<p>8. Program management utilizes techniques to ensure staff is effectively working to meet goals.</p>	<p>MCCH provides significant on-site training to all staff. The main technical assistance provider for training is t3, the Center for Social Innovation. In addition, OrgCode was brought in as a consultant in April 2017 to develop their new service model based on best practices.</p> <p>Supervisors and staff can review service outcomes in monthly reports to document program achievements and unmet goals.</p> <p>The contract monitor from DHHS is on-site four times a year to review case records, forms, client outcomes, reports, etc. She believes that the original contract should be revised to incorporate the 39 amendments.</p> <p>Outcome categories or outcome measures are set according to each funder's contract. For the DHHS contract, the outcome categories are reported twice during the fiscal year.</p>
<p>9. Program provides opportunities for volunteers, interns and/or students.</p>	<p>HBCAC regularly utilizes over 1,000 volunteers: Organizing linens/blankets, cleaning and clearing the three sheds on the campus, sprucing up the landscaping. The vocational lab contains 8 computers where the Employment Specialist and assigned volunteers (up to 13)</p>

	<p>assist clients with job search and interview skills, GED and computer skills; some are available in the evening and on weekends.</p> <p>As stated in #2 of this Section, donor meal providers brought 102,656 meals—that is, 80% of the food needs for about 200 clients daily during the winter season.</p> <p>MSW-candid graduate student interns are on-site from 6 to 12 months. Some of their duties include carrying a caseload, clean-up projects, as well as other projects on-site.</p> <p>Volunteer recruitment is conducted primarily through the MCCH website, the County's Volunteer Center, and graduate schools of social work in the Metropolitan area.</p> <p>The MCCH Director of Development and Communications continues to seek more volunteers for general operations.</p>
10. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions, training, and supervision.	<p>All volunteers receive HIPAA compliance training and are subject to background checks. Volunteers and interns work directly with full-time staff members, who train and supervise them, to ensure that they understand their roles and can successfully complete their tasks. Interns have job descriptions.</p>
11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.	<p>HBCAC maintains Emergency Action Plans for HBCAC (the men's shelter) and its Overflow winter shelter. The plan is in a binder in the Front Office. Staff are trained on its contents. The MCCH Crisis Response Protocol (CRP) is also kept in the Front Office. The CRP covers all types of incidents and details the response procedure to each incident, including when to notify specific staff from Directors to supervisors and staff.</p> <p>All staff attend MANDT training (see #6 above) and have the skills for non-violent crisis intervention and de-escalation. The current Operations Manager is a certified trainer for the MANDT System.</p> <p>Fire drills are conducted monthly, and logs are kept of all drills.</p>

V. Service Delivery Transformation

Standards/ Strategies	Supporting Evidence
1. Manager promotes, and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.	<p>Francesca Noel, Program Manager for Support Services, reported that Managers and supervisors meet with their teams once a month and with their individual staff members weekly one-on-one whenever possible. They reported that they have participated in Integrated Team Meetings with other service providers regarding individual residents when needed to help coordinate service delivery for the residents. They utilize the Coordinated Entry System when seeking housing resources for each resident. This involves completing a SPDAT and other assessments to help determine the most appropriate level of housing for that resident. As openings occur, the coordinator of the Coordinated Entry System notifies the program serving the resident of those openings for housing. If services beyond those provided by HBCAC are needed, case managers make referrals as needed--i.e., Manna, A Wider Circle (furniture), SOAR (to help with applications for SSI or SSDI), and other community resources. It was also reported that the Operations staff and Support Services staff have begun to work more closely together (in the past 5-6 months) toward the goal of more quickly helping residents move out of the shelter to appropriate housing arrangements.</p>
2. Program is aware of, and participated in, the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments	<p>Staff members reported familiarity and participation in ITMs for many of their residents. These meetings are held on an as needed basis for specific residents, often requested by the contract monitor due to difficulty or complexity of issues with those residents. Representatives from agencies providing services to the resident are invited to develop strategies in how to address/resolve barriers to goal achievement for the resident.</p>

and community providers.	
3. Staff effectively uses appropriate technology to support work and achieve program goals.	HBCAC participates in the HMIS database, used by most homeless services programs partnering with DHHS, so that services being provided can be coordinated and tracked. The MCCoC adopted a Coordinated Entry System that to coordinate and expedite housing referrals. A biweekly phone conference call is held to update the status of clients on the various housing program waitlists, which enables a more efficient way to move clients through the process quickly.
4. Program has an on-going training curriculum and accountability structure to ensure full utilization of the electronic Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eICM) systems.	HBCAC does not use eICM, EHR, or eCMS, as there are no portals for providers outside of DHHS in its current configuration. However, there are plans for the HMIS utilized by HBCAC and other partners to download some information into the eICM nightly so that DHHS programs can have a fuller picture of all programs working with their clients. This download is only one-directional, as HMIS does not receive any information from the eICM. Staff members are required to have residents sign a HIPAA an authorization to share information form indicating how their personal information is shared with all agencies utilizing the HMIS. However, at this time, it is not clear if an additional release is needed to indicate that some of this information in HMIS may be shared with the eICM. The exact information (content, source of content to be entered on HMIS) to be downloaded into the eICM has not been fully determined, according to Kim Ball at DHHS. The provider portal is part of future enhancements planned for the eICM, as funding for these enhancements become available. It is uncertain if a two-way link between the EICM and HMIS will ever be developed.
5. Program staff effectively use eICM, eHR and/or eICM systems for service delivery and to monitor client and program outcomes.	HBCAC does not use eICM, EHR, or eCMS, as there is no portal for providers outside of DHHS to access this system.
6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.	There is no policy specified in any documentation that I could find. However, staff members and management consistently indicated that it was expected to return calls within one to two days. When calling one of the staff on the phone who did not answer, the message indicated that she would return the call as soon as possible, and offered the option for the caller to reach an alternate office for urgent matters. There was no indication that this was tracked in any formalized manner.
7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.	HBCAC does not specifically use social media as a program. The parent agency, MCCH, does have an active website, a Facebook page, and a Twitter account to conduct outreach and promote services to clients. MCCH also uses these platforms to promote success stories and perform community outreach. Dick Pettit, Chairman of the Board of Directors for MCCH, indicated that emails are sent to its donors weekly or biweekly highlighting success stories.

VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
1. Program is continually developing and building community partnerships to promote innovative solutions to current	HBCAC staff are continually developing and building community partnerships to promote innovative solutions to current and emerging challenges. To do this, staff: <ul style="list-style-type: none"> Email often to partners, attend monthly and other meetings with outside providers, including Mobile Med (comes on-site 5 days a week to provide medical care), Mobile Dentist (comes on-site once a week), Healthcare for the Homeless, Cornerstone Montgomery, Avery Road, People Encouraging People, EveryMind, Interfaith Works,

<p>and emergent challenges.</p>	<p>Montgomery County Police Department, Montgomery County Public Schools and others. Every 2 months there are meetings with Continuum of Care providers, quarterly housing provider lunches with HOC, DHCA, Interfaith Works, and Victory Housing.</p> <ul style="list-style-type: none"> • Collaborates with 6 health care organizations, including on-site health service providers, and 11 nonprofits for services such as clothing, food, furnishings and household items upon move-out, extensive County services including homeless and other crisis and veterans' services. HBCAC also conducts emergency meetings during client crises. • HBCAC partners with Housing Opportunities Commission and 20 other nonprofit temporary housing and shelter organizations. <p>Many services available at HBCAC are provided through these relationships with community partners. A Memorandum of Understand or other contractual agreements exist between MCCH and several of these partners.</p> <p>HBCAC also works closely for client housing placements with Coalition Homes (CH), a nonprofit that builds affordable homes for the homeless that is owned and managed by MCCH.</p> <p>MCCH uses grant writing to solicit additional funds for specific projects.</p>
<p>2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.</p>	<p>Staff regularly collaborate with the provider community to identify solutions to inefficiencies and to make improvements by holding meetings including single adult providers teaming meetings, MCCH team and programs meetings, emergency services meetings and others. Every 2 weeks HBCAC has a conference call with all emergency housing programs. The Continuum of Care member nonprofits meet regularly as well.</p> <p>HBCAC continues to increase the number of community partners. MCCH's partners include those listed in Question 6 in this Section as well as a list of agencies and services for the homeless that is used for Street Outreach purposes that includes resources for clothing, emergency assistance, crisis services, health care, free meals provided in Montgomery County, day programs and the contact information for Street Outreach agencies and how to access emergency shelter services.</p>
<p>3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.</p>	<p>Client satisfaction surveys are conducted twice a year to solicit clients' feedback. Since July 2017, the program has also been conducting monthly client and staff satisfaction surveys, to focus service delivery on rapid re-housing outcomes and crisis response intervention using the MANDT System. A Suggestion Box is in the shelter's Day Room for clients to give feedback. Grievance forms can be placed in this same box.</p> <p>Reviewers spoke with some current and graduated clients, all of whom reported that the staff go "above and beyond" to help clients, they "really care about us," are "unbelievable, encouraging, exceptional," also that they are professional and respectful of clients. These clients said that the services are helpful. They also noted that the Life Skills sessions on Monday nights are very good; sessions include topics on Health/Nutrition, Cleaning/Maintenance, housing, How to Abide by a Lease, healthy relationships, expressive writing, financial management and personal development to name a few.</p> <p>In addition, MCCH is in the process of creating a Consumer Advisory Council with technical assistance provided by SAMHSA.</p>

ANNEX II: AMERICANS WITH DISABILITIES ACT CHECKLIST

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel		Yes/ No/ NA
1.	Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	Yes
2.	Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you encounter any problems.	*No during time of review / It is now a Yes
3.	If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	Yes
4.	Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes
5.	Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes
6.	Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	Yes
Accessible Interior Space		Yes/ No/ NA
7.	Can you reach the main office by an accessible route?	Yes
8.	Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes
9.	Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
10.	Is there an accessible bathroom?	Yes
11.	Does the door open easily or is there an automatic door?	Yes
12.	Is there a water fountain that can be used by those using wheelchairs?	Yes
13.	Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes
Program Accessibility		Yes/ No/ NA
14.	Do staff know how to request a sign language interpreter?	No
15.	Is your program walk-in or first-come-first-serve?	Yes
15a.	If yes, are staff aware they should make appointments for people with disabilities upon request?	Yes
16.	Will staff members assist people with disabilities in completing applications if necessary?	Yes
17.	Do staff know how to provide information in alternate formats such as Braille or large print?	No
18.	Does the program permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog and what the dog is trained to do. Those are the only questions that can be asked.	Yes
19.	If the agency has a website, is it accessible to users who are blind or have visual impairments?	No
20.	Has your program received any complaints within the last year from people with disabilities? If so, explain: See below.	Yes
21.	Are meetings held in accessible locations?	Yes
22.	Do meeting notices include a statement explaining how to request a sign language interpreter or other accommodation?	No
23.	Does the agency have a lot of telephone contact with clients?	Yes
23a.	If yes, are program staff trained to use Maryland Relay?	No
23b.	If yes, are program staff trained on Video Relay?	No
24.	Are staff trained on the use of the TTY? If so, does the agency have a TTY telephone? <i>*Note, crisis programs or 911 systems only</i>	Yes/Yes
25.	Does the program brochure and website inform people of how to request the information in an alternative format or request other accommodations?	No

Reviewer comments:

Accessible Parking/Route of Travel

*Question 2: At the time of the review, there are several areas where the sidewalk dips and separates from the paved curbs, making it difficult for anyone walking with a cane, walker or anyone to navigate safely. Since then, the parking lot and walkways have been renovated. The sidewalks in front of the main building were also redone, however the sidewalks on the sides and rear of the building were not.

Program Accessibility:

Question 14: Staff program and operations were not aware of how to contact a sign language interpreter.

Question 15: Based on when client requests emergency shelter services: Clients are referred in the Summer Season (April 1 – October 31) by the DHHS Crisis Center on a first come, first served basis; and can walk-in during the hypothermia season (November 1 – March 31).

Question 17: Shelter Program Manager was advised to contact the Literacy Council and/or the County Library system for information on how to obtain information in Braille or large print.

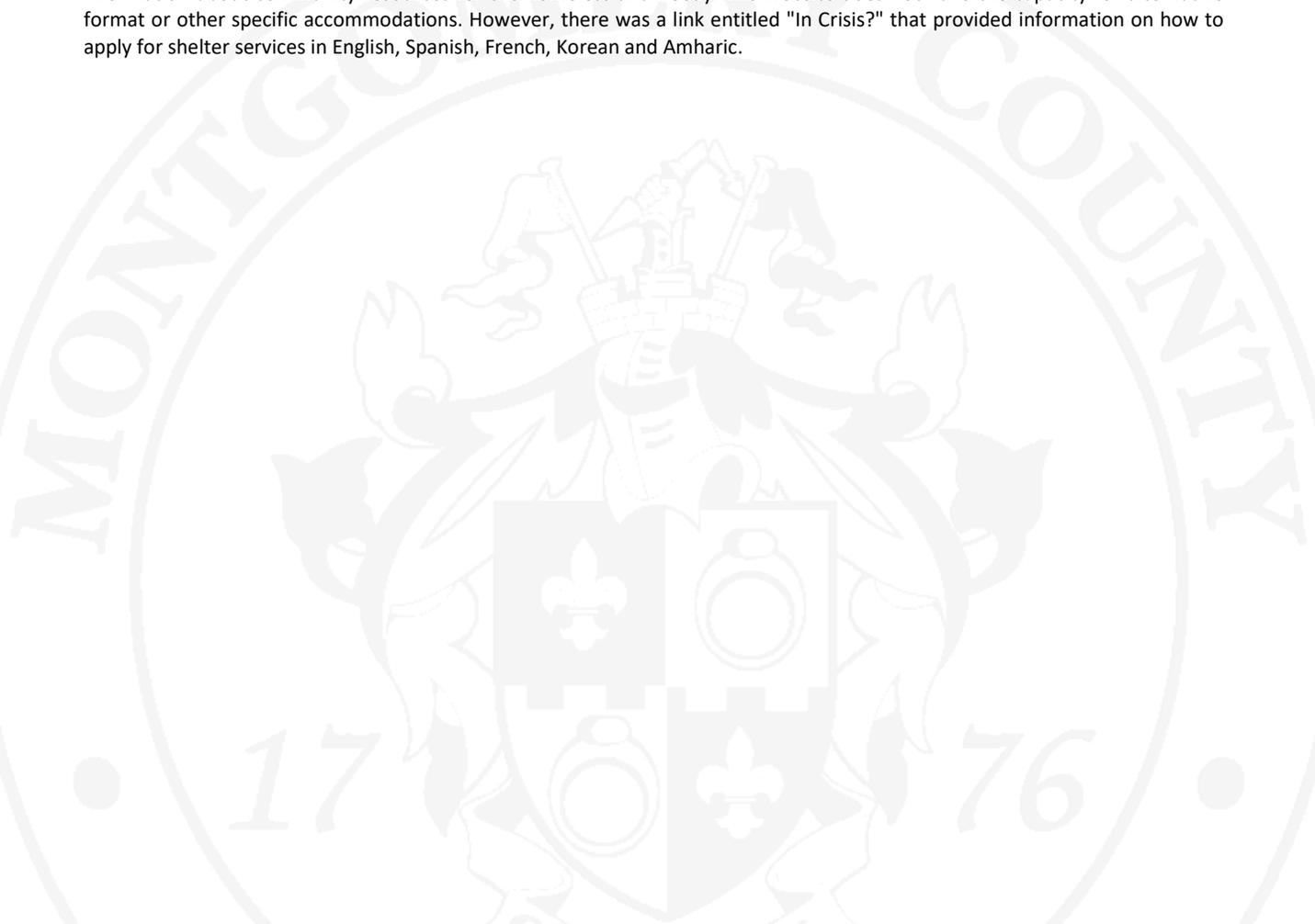
Question 19: Director for Development and Communications should check with their website developer to add this to their website and social media, if applicable.

Question 20: An ADA complaint was filed in December 2016 by a client who did not verify that he had a disability yet demanded certain accommodations from the shelter. The shelter staff worked closely with the County's ADA Compliance Manager and was able to accommodate most of his requests. The client resided at the shelter for the entire winter season.

Question 22: Meeting notices are posted in common areas but did not include a statement that clients may request a sign language interpreter or other accommodations.

Questions 23aa & 23b 10b: The Program Manager for Support Services was not aware of Maryland Relay or Video Relay. These systems were explained by two of the Community Reviewers and that it is a free service. The program manager will inquire further about using these systems. Further exploration about the use of TTY vs MD Relay and Video Relay resulted in a recommendation by the ADA Title II Compliance Manager at the County's Department of General Services that shelter providers install a video relay phone (via software on the computer) and consider video remote interpreting (same technology but is used instead of an on-site interpreter so the provider would have to pay for the interpreting as with in-person interpreting; the costs may differ). Further, it is suggested that the HBCAC program manager or other MCCH designated staff contact DGS at 240-777-5362 to discuss. Set up costs are very minimal.

Question 25: No program brochure was shared with the reviewers. Reviewers were given verbal and some written program information about community resources for the homeless and needy. The website does not have the capacity for alternative format or other specific accommodations. However, there was a link entitled "In Crisis?" that provided information on how to apply for shelter services in English, Spanish, French, Korean and Amharic.



ANNEX III: REVIEWERS

The Department of Health and Human Services extends its appreciation to the following independent reviewers who volunteered their time for the community.

	<p>Robert Eaton</p> <p>Robert Eaton is a retired Social Worker with a Master’s degree in Social Work, and Bachelor’s degrees in Sociology and Psychology from the University of Maryland. While pursuing his college degrees, he served on the Board of Directors for the Steppingstones Family Shelter for one year, periodically providing overnight staff coverage there for several years. Mr. Eaton initially worked for four years for the State of Maryland at the Great Oaks Center, a residential treatment center for people with severe and profound developmental disabilities. Mr. Eaton worked for 26 years with the DHHS, serving his last 13 years as Supervisor of the Germantown office of Housing Stabilization Services. During that time, he participated in the development of a pilot integrated triage process, which involved working with numerous programs to facilitate client access to services. Since his retirement in 2013, he worked for four years as a contractor for DHHS on the development of the enterprise Integrated Case Management system (eICM), which went live in January, 2017.</p>
	<p>Vera Johnson</p> <p>Vera Johnson, LCSW-C, is a Licensed Certified Clinical Social Worker with over 32 years of experience with DHHS in the areas of Child Welfare Services and Special Needs Housing. She held several positions as a social work case manager and Lead Worker; homeless family services and grants contract monitor and Program Manager in the Upcounty and Rockville regional offices. Mrs. Johnson participated on various workgroups that developed and implemented integrated customer service assessment models in two of the regional centers; assisted in creating a government, non-profit and community partner-managed service delivery program known as the Neighborhood Opportunity Network Centers for individuals to have easier access to department services for food and preventing homelessness to gain service access in a less formal setting located in their neighborhood. Mrs. Johnson also served on the department’s cadre for Quality Service Review until she retired in 2015. Mrs. Johnson is a graduate of Syracuse University and the School of Social Work at Howard University.</p>
	<p>Nancy Scull</p> <p>Nancy Scull, with a Master’s in Education in Counseling and Guidance, has forty years of experience in family and child welfare as: Program director and policy analyst; provider (foster care for children and youth); and successful advocate for policy and practice reform in the multiple issues of low-income families, child welfare, foster care and adoption. She has extensive knowledge of the complex issues involved in family and child welfare, especially through her lengthy employment in Montgomery County. Additionally, Nancy has extensive quality assurance/case review experience with an ability to understand perspectives of the range of players in family and child welfare including: Birth, foster and adoptive parents; children and youth; and social workers and administrators.</p>

ANNEX IV: INTERVIEWEES AND PARTICIPANTS

The independent review panel met with and interviewed the following staff, participants and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive, as additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Jennifer Schiller	Chief Programs Officer	MCCH
Raymond (Jay) Scopin	Program Director	MCCH
Francesca Noel	Program Manager for Support Services	MCCH
Ace Thompson	Operations Manager	MCCH
Cliff Mayo	Compliance Manager	MCCH
Richa Bhatia	Programs Assistant	MCCH
Tanya Jones	Contract Monitor	DHHS/SE&PH
Susanne Sinclair-Smith	Executive Director	MCCH
Richard B. Pettit	Chair, Board of Directors	MCCH
Debbie Ezrin	Director of Development & Communications	MCCH
Rebecca Saas	Employment Specialist	MCCH
Lynn Cournoyer	Program Assistant	MCCH
Client A	Resident	HBCAC
Client T	Resident	HBCAC
Client M	Resident	HBCAC
Client P	Resident	HBCAC
Sarah Moore	Therapist	Cornerstone
Chuck Schneiderhan	Nurse Practitioner	Cornerstone
Former Client GK	Former HBCAC resident, now housed	--
Former Client RP	Former HBCAC resident, now housed	--
Ed Barnett	Volunteer in Employment Services Office/ Vocational Lab	MCCH
Crystal Pitt	Clinical Coordinator	MCCH
Maria Guzman	Clinical Case Manager	MCCH
Kara Morrill	Housing Locator	MCCH
Swati Shah	Chief Financial Officer	MCCH
Fang Wei	Director of Human Resources & Operations	MCCH



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